Derbyshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1952

BY

J. B. S. MORGAN

B.Sc., M.B., B.Ch., D.P.H. (Wales), L.R.C.P. (London), M.R.C.S. (England).

COUNTY MEDICAL OFFICER OF HEALTH

HEANOR, DERBYSHIRE:
ARTHUR GAUNT & SONS (*PRINTERS*) LTD.

MEDICAL AND DENTAL STAFF OF THE COUNTY HEALTH DEPARTMENT

(31st December, 1952).

COUNTY MEDICAL OFFICER OF HEALTH:

J. B. S. MORGAN, B.Sc., M.B., B.Ch., D.P.H., L.R.C.P., M.R.C.S.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH:

V. J. WOODWARD, M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH:

W. DAVIDSON-LAMB, *M.C.*, M.B., Ch.B., D.P.H.

AREA MEDICAL OFFICER FOR CHESTERFIELD BOROUGH:

J. A. STIRLING, *D.S.C.*, M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICER FOR GLOSSOP BOROUGH AND NEW MILLS U.D.:

J. A. W. REID, M.B., Ch.B., D.P.H.

COUNTY BACTERIOLOGIST:

J. L. G. IREDALE, M.B., Ch.B., D.P.H.

MATERNITY AND CHILD WELFARE MEDICAL OFFICERS:

ELSIE H. DINWOODIE, M.B., Ch.B., D.M.R.E. (Part-time).
CONSTANCE M. WHITE, M.B., B.S.
MAGRIETA A. PRETORIUS, M.B., Ch.B.
DOROTHY M. JACKSON, M.B., Ch.B.

ASSISTANT MATERNITY AND CHILD WELFARE MEDICAL OFFICERS:

M. ALLAN, M.B., Ch.B., D.P.H.
H. L. BARKER, M.D., B.S., D.P.H.
P. W. BOTHWELL, M.B., Ch.B., D.P.H. (Chesterfield B.).
F. J. BURKE, M.D., B.Ch.
G. COCHRANE, M.A., M.B., Ch.B., D.P.H.
J. W. CRAWSHAW, M.B., Ch.B.
GLADYS C. CURTIS, M.R.C.S., L.R.C.P.
JOAN M. B. LEITH, M.B., Ch.B., D.P.H. (Chesterfield B.).
A. H. WEAR, M.D., B.S., D.P.H.

DENTAL STAFF:

Chief Dental Officer—

H. E. GRAY, L.D.S.

Assistant Dental Officers—

JOSEPHINE DOLAN (Dentist, 1921).
FLORA M. JACKSON, L.D.S. (Part-time).
A. R. LITTLAR, L.D.S. (Senior Dental Officer, Chesterfield B.).
DOROTHY LITTLAR, L.D.S. (Part-time).

To the Chairman and Members of the
Derbyshire County Council.

Ladies and Gentlemen,

I have the honour to present the 63rd Annual Report on the health of the County of Derby.

The Birth Rate and Death Rate from all causes per 1,000 of the estimated population, which is 685,100, were respectively 15.21 and 10.56, whereas the corresponding rates for England and Wales were respectively 15.3 and 11.3.

The percentage of illegitimate births was 3.77, as compared with 3.63 in the previous year.

There were 7,234 deaths, whereas there were 8,009 in the previous year. Out of the 7,234 deaths, 2,398 were certified as being due to heart disease, 1,187 as being due to malignant disease, and 1,027 as being due to vascular lesions of the nervous system. In the case of the 1,187 deaths from malignant disease, it is interesting to observe that the lesion was in the stomach in 202 patients ; in the lung or bronchus in 167 cases ; in a breast in 107 ; and in the uterus in 43.

The maternal mortality was 0.749 per 1,000 live- and still-births, compared with 1.028 in the previous year.

The infantile mortality rate per 1,000 live births was 29.64. The rate for the previous year was 28.83, which was the lowest figure ever recorded in this County.

It gives me great pleasure to state that for the fourth successive year there have been no deaths from diphtheria during the year. The following figures provide striking testimony of the efficacy of the diphtheria immunisation campaign :—

Year	Cases	Deaths
1947	72	4
1948	36	4
1949	12	Nil
1950	2	Nil
1951	1	Nil
1952	Nil	Nil

It will be observed that no case of diphtheria was notified during the year.

The number of deaths from tuberculosis during 1952 was 122, whereas the corresponding figures for 1951 and 1950 were respectively 142 and 172. Actually the number of deaths in 1952 was the lowest that has ever been recorded in this County in any one year. While this fact gives grounds for gratification, unfortunately the number of notifications has increased to 569 compared with 547 in the previous year. In my opinion this is likely to be due to increased ascertainment

of cases due to improved diagnostic facilities that are available, including Mass Miniature Radiography. It would be wrong, however, to be dogmatic on this subject, because the action of the new chemo-therapeutic drugs may also be playing a part.

Your attention is drawn to page 44 regarding the special Survey requested by the Minister of Health concerning the local health services provided under the National Health Service Acts. An attempt has been made in the Survey to include not only an account of the services as existing at the end of 1952, but also a general review of their working as part of the wider National Health Service.

Nothing very spectacular can be said to have taken place during 1952, but it was a year characterised by further consolidation of the gains which have resulted from the implementation of the powers and duties provided by the National Health Service Acts. Undoubtedly these Acts have assisted in bringing about a diminution of human suffering, but locally some people feel that the Service should be unified, rather than divided into three parts. It is difficult to visualise this arrangement being a success until there is a reorganisation of local government, but in the meantime much can be accomplished if each of the three parts would appreciate that the services they provide are complementary rather than competitive. Your attention is particularly drawn to my comments on page 47, where I deal with co-ordination and co-operation with other parts of the National Health Service.

I should like to thank once again, (*a*) the respective Chairmen of the County Health Committee and the Weights and Measures and Miscellaneous Services Committee for their assistance in obtaining the approval of their Committees to the various schemes submitted during the year ; (*b*) the members of my own department, for much efficient work performed most readily ; and (*c*) the Clerk of the Council and the Heads of Departments for their advice and co-operation.

I am,

Your obedient Servant,

J. B. S. MORGAN,

County Medical Officer of Health.

County Offices,
St. Mary's Gate,
Derby.

30*th June*, 1953.

TABLE OF CONTENTS.

COUNTY HEALTH COMMITTEE

(As at 31st December, 1952).

ALDERMAN F. WILSON
(Chairman)

ALDERMAN MRS. D. M. SUTTON.
(Vice-Chairman)

Aldermen

MRS. A. M. BELFIELD.
W. BOOT.
MRS. G. BUXTON.
A. FOWLER.
MRS. E. HARRISON.
MRS. F. E. SHIPLEY.
T. W. WARDLEY.
C. F. WHITE, C.B.E., J.P.

Councillors

N. B. BANKS.
G. A. BERESFORD.
H. G. BOOTH.
J. CARTER.
H. FISHER.
J. W. HALL.
R. G. HILL.
G. KENNING.
W. H. PAUL.
MRS. E. G. REDFERN.
J. F. STANIER.
MRS. J. M. STEELE.
C. WASS.
J. WILLIAMSON.
E. WRIGHT.
J. W. WRIGHT.
A. F. T. WYATT.

Co-opted Members

DR. E. C. DAWSON.
T. ALLSOP, ESQ., J.P.
A. J. WILSON, ESQ., F.R.C.S.
J. R. DAVIS, ESQ.
MRS. S. A. JERVIS.
MRS. H. KEMP.
MRS. D. M. ASHLEY.

Ambulance Sub-Committee

ALDERMAN F. WILSON.
ALDERMAN MRS. D. M. SUTTON.
ALDERMAN T. W. WARDLEY.
COUNCILLOR MRS. J. M. STEELE.
COUNCILLOR C. WASS.
COUNCILLOR J. W. WRIGHT.
COUNCILLOR A. F. T. WYATT.

(Together with two co-opted Members appointed by the British Red Cross Society).

Mental Health Sub-Committee

ALDERMAN F. WILSON.
ALDERMAN MRS. D. M. SUTTON.
ALDERMAN MRS. A. M. BELFIELD.
ALDERMAN MRS. G. BUXTON.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN T. W. WARDLEY.
COUNCILLOR N. B. BANKS.
COUNCILLOR MRS. E. G. REDFERN.

---

*Staff Sub-Committee**

ALDERMAN W. BOOT.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN MRS. D. M. SUTTON.
ALDERMAN F. WILSON.

* Members of the Staff Sub-Committee are also the County Health Committee representatives on the Joint Medical Services Sub-Committee, the latter Sub-Committee being responsible for dealing initially with matters which are the joint concern of the Education Committee and the County Health Committee.

Chesterfield Area Health Sub-Committee

Representing the County Council.	*Representing Chesterfield Corporation.*
ALDERMAN F. WILSON.	ALDERMAN MISS F. ROBINSON.
ALDERMAN MRS. D. M. SUTTON (*Vice-Chairman*).	COUNCILLOR MRS. E. A. BENNETT.
ALDERMAN J. F. BIRCH.	COUNCILLOR J. L. RADFORD.
COUNCILLOR N. B. BANKS.	COUNCILLOR J. ANDERSON.
COUNCILLOR J. CARTER.	COUNCILLOR MRS. A. COLLISHAW.
	COUNCILLOR L. HEATH (*Chairman*).

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE

(As at 31st December, 1952).

ALDERMAN MRS. D. M. SUTTON
(*Chairman*)

ALDERMAN C. FEAKIN
(*Vice-Chairman*)

Aldermen

MRS. G. BUXTON.	MRS. E. HARRISON.
T. COLLEDGE.	T. W. WARDLEY.
A. FOWLER.	C. F. WHITE, C.B.E., J.P.

Councillors

D. BARTON.	T. W. SMITH.
G. A. BERESFORD.	C. WASS.
H. G. BOOTH.	F. WILDGOOSE.
J. DALTON.	J. W. WRIGHT.
A. ETHERINGTON.	A. F. T. WYATT.
R. SKELTON.	

Milk Licences Sub-Committee

ALDERMAN MRS. D. M. SUTTON. ALDERMAN C. FEAKIN.

Rural Water Supplies and Sewerage Act Sub-Committee

ALDERMAN MRS. D. M. SUTTON.	COUNCILLOR T. W. SMITH.
ALDERMAN C. FEAKIN.	COUNCILLOR C. WASS.
ALDERMAN T. COLLEDGE.	
ALDERMAN MRS. E. HARRISON.	
ALDERMAN T. W. WARDLEY.	

TABLE I.

IRTH RATE, DEATH RATE, INFANTILE MORTALITY RATE AND DEATH RATES ROM THREE IMPORTANT INFECTIOUS DISEASES DURING THE LAST SIXTY-TWO YEARS.

ear.		*Death Rates per* 1,000 *of Population.*					
		Small Pox.	Diphtheria & Membranous Diphtheria & Membranous Croup.	Whooping Cough.	Death Rate from all Causes.	Birth Rate.	Infantile Mortality per 1,000 Births.
91 to 900	WHOLE COUNTY	**.028**	**.17**	**.30**	**17.1**	**33.7**	**147**
	England and Wales	.012	.27	.36	18.3	29.9	153
01 to 910	WHOLE COUNTY	**.004**	**.16**	**.24**	**14.1**	**28.5**	**126**
	England and Wales	.016	.17	.27	15.3	27.1	128
11 to 920	WHOLE COUNTY	—	**.16**	**.16**	**12.66**	**24.07**	**99**
	England and Wales	.000	.14	.18	13.85	21.90	100
21 to 930	WHOLE COUNTY	—	**.07**	**.10**	**10.92**	**19.73**	**70.7**
	England and Wales	.00	.08	.11	12.14	18.36	71.7
31 to 940	WHOLE COUNTY	—	**.07**	**.04**	**11.31**	**15.71**	**56.7**
	England and Wales	.00	.07	.04	12.26	14.93	58.6
41 to 945	WHOLE COUNTY	—	**.022**	**.026**	**10.94**	**18.21**	**45.6**
	England and Wales	.00	.038	.032	11.92	16.04	49.8
946	WHOLE COUNTY	—	**.022**	**.023**	**10.96**	**19.60**	**38.95**
	England and Wales	.00	.01	.02	11.5	19.1	43.0
947	WHOLE COUNTY	—	**.006**	**.026**	**11.26**	**20.89**	**42.81**
	England and Wales	.00	.01	.02	12.0	20.5	41.0
948	WHOLE COUNTY	—	**.006**	**.015**	**10.42**	**18.13**	**43.45**
	England and Wales	—	.00	.02	10.8	17.9	34.0
949	WHOLE COUNTY	—	—	**.013**	**10.93**	**17.01**	**36.5**
	England and Wales	.00	.00	.01	11.7	16.7	32
950	WHOLE COUNTY	—	—	**.014**	**11.13**	**15.78**	**30.19**
	England and Wales	—	.00	.01	11.6	15.8	29.8
951	WHOLE COUNTY	—	—	**.006**	**11.67**	**15.21**	**28.83**
	England and Wales	.00	.00	.01	12.5	15.5	29.6
952	Urban Districts ..	—	—	—	10.53	14.77	29.16
	Rural Districts ..	—	—	.012	10.58	15.70	30.13
	WHOLE COUNTY	—	—	**.006**	**10.56**	**15.21**	**29.64**
	England and Wales	.00	.00	.00	11.3	15.3	27.6

REPORT ON THE HEALTH OF DERBYSHIRE FOR THE YEAR 1952

STATISTICS AND SOCIAL CONDITIONS.

AREA AND POPULATION.

The Administrative County of Derby comprises twenty-nine Sanitary Districts, four of which are Municipal Boroughs, sixteen Urban Districts and nine Rural Districts.

The County has an area of 635,456 acres, 98,065 in Municipal Boroughs and Urban Districts and 537,391 in Rural Districts.

The population of the Administrative County as estimated by the Registra-General at the middle of 1952 was as follows :—

Municipal Boroughs	138,350
Urban Districts	221,350
Rural Districts	325,400
Total Administrative County ..	685,100

RATEABLE VALUE

The rateable value of the Administrative County in April, 1952, for County Rate purposes was £3,767,798, and a Penny Rate over the whole County was estimated to produce the sum of £14,723.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS.

The main industries which give the people of this county occupation, are coal mining carried on in the East and North-East and in a small area in the South-Western portion of the County, and agriculture, particularly in the Western and Central parts of the County. The staple industries in the extreme North-Western area adjoining Lancashire are those connected with the cotton trade, whilst in the South-Eastern area adjoining Nottinghamshire the hosiery and lace trades provide the chief occupation. In this area, too, artificial silk manufacturers absorb an appreciable portion of the population. In the Northern and North-Central areas the chief industries are quarrying, limestone crushing and lime burning, working and dressing millstone grit, and silica brick making. A number of these industries come under the heading of "Refractories Industries," some of which are known to pre-dispose to pulmonary disease. In the extreme South-Western portion of the County, pottery manufacture is one of the prominent industries.

VITAL STATISTICS.

The Vital Statistics relating to each District in the County for the year under review are given in Table III, and the following are extracts from them, given in a form required by the Ministry of Health :—

		Males.	*Females.*	*Total.*
Live Births	Legitimate ..	5,202	4,830	10,032
	Illegitimate ..	211	182	393
	Total ..	5,413	5,012	10,425

Live Birth Rate per 1,000 of the estimated population ..	15.21
Number of Still Births	244
Rate of Still Births per 1,000 (total live and still) births ..	22.87
Number of Deaths	7,234
Death Rate per 1,000 of the estimated population.. ..	10.56

	No. of Deaths.	*Rate per 1,000 live and still Births.*
Deaths and Death Rate from:—		
Pregnancy, Childbirth and Abortion	8	0.749

Death Rate of Infants under 1 year of age :—	
All infants (per 1,000 live births)	29.64
Legitimate infants (per 1,000 legitimate live births) ..	29.51
Illegitimate infants (per 1,000 illegitimate live births)	33.07

	No. of Deaths.	*Rate per 1,000 of estimated population.*
Deaths and Death Rate from :—		
Cancer (all ages)	1,187	1.73
Measles (all ages)	1	0.0014
Whooping Cough (all ages) ..	4	0.0058

Infantile Mortality.—The infantile mortality rate for the year under review was 29.64 per 1,000 live births, compared with 28.83 in 1951 and 30.19 in 1950.

TABLE II.

INFANTILE MORTALITY RATE.

(Infants dying under one year, per thousand live births)

Year.	*Rate.*	*Year.*	*Rate.*
1930	61.4	1942	42.2
1931	67.4	1943	48.1
1932	63.4	1944	42.1
1933	62.2	1945	44.5
1934	53.0	1946	38.9
1935	56.6	1947	42.81
1936	58.2	1948	43.45
1937	52.1	1949	36.50
1938	51.1	1950	30.19
1939	47.4	1951	28.83
1940	55.4	1952	29.64
1941	51.0		

The rate for England and Wales in 1952 was 27.6

COUNTY OF DERBY. Year

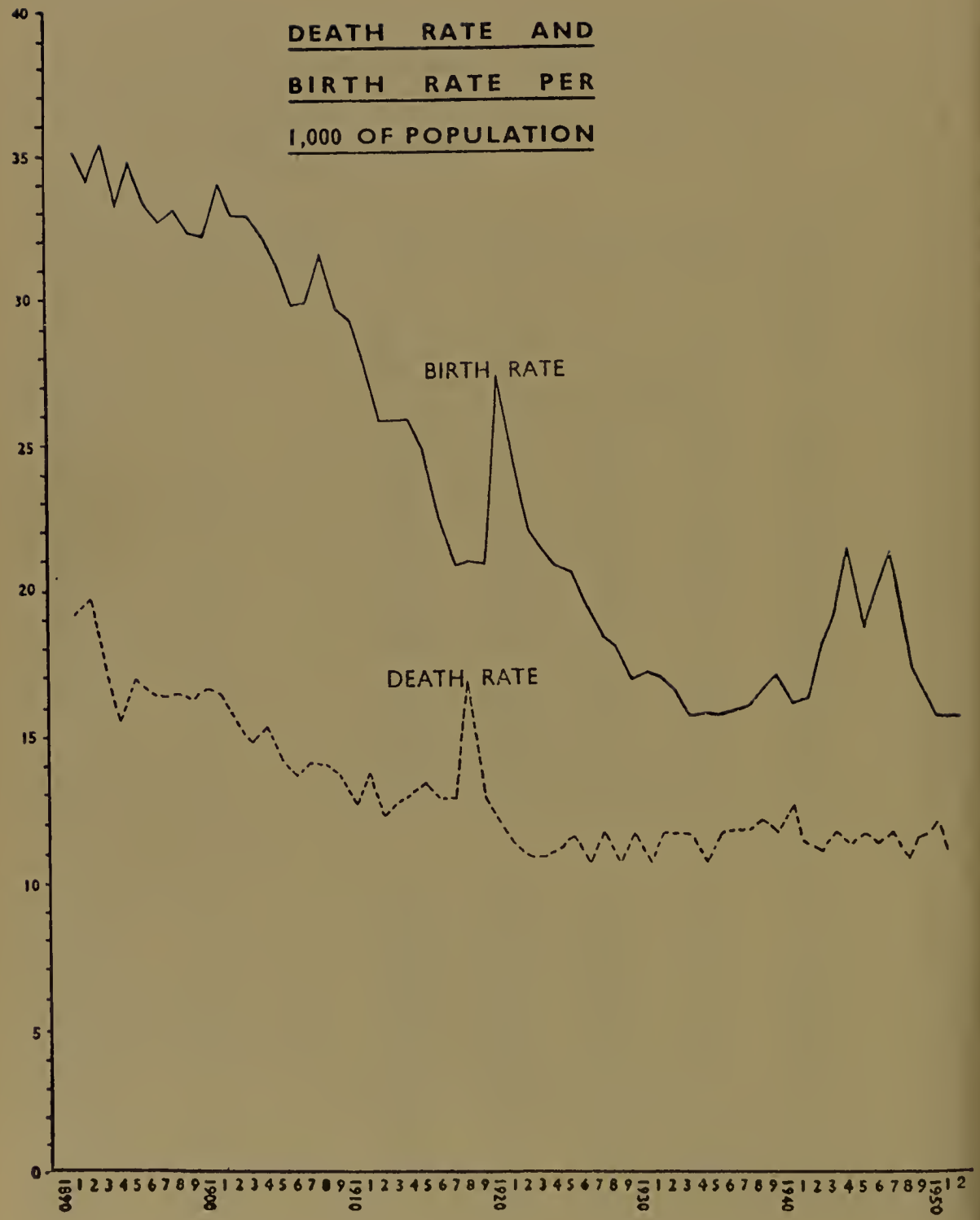
TABLE III.—TABLE GIVING BIRTH RATES AND DEATH RATES FROM SEVERAL

SANITARY DISTRICTS (URBAN).	MEDICAL OFFICER OF HEALTH.	Area in Acres (Land and Water).	POP Census 1931.
ALFRETON	R. G. Bingham, M.R.C.S., L.R.C.P.	5,176	22,262
ASHBOURNE	H. H. Hollick, M.R.C.S., L.R.C.P.	1,070	4,708
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P.	3,061	3,028
BELPER	W. D. Lamb, M.B., Ch.B., D.P.H. (Acting)	4,294	14,205
BOLSOVER	A. H. Wear, M.D., B.S., D.P.H.	4,526	9,808
BUXTON (Borough)	G. Cochrane, M.B., D.P.H.	6,337	16,884
CHESTERFIELD (Borough)	J. A. Stirling, M.B., D.P.H.	8,472	64,160
CLAY CROSS	J. R. Graham, M.B., Ch.B., D.P.H.	2,349	8,781
DRONFIELD	J. R. Graham, M.B., Ch.B., D.P.H.	3,452	6,388
GLOSSOP (Borough)	J. A. W. Reid, M.B., Ch.B., D.P.H.	3,323	20,001
HEANOR	P. H. J. Turton, M.D., D.P.H.	4,417	22,482
ILKESTON (Borough)	H. L. Barker, M.D., D.P.H.	3,017	33,163
LONG EATON	J. Moir, M.B., Ch.B.	3,559	23,321
MATLOCK	G. L. Meachin, M.B., Ch.B.	16,599	16,596
NEW MILLS	J. A. W. Reid, M.B., Ch.B., D.P.H.	5,244	8,551
RIPLEY	R. A. Ryan, L.R.C.P.I.	5,415	17,731
STAVELEY	J. R. Graham, M.B., Ch.B., D.P.H.	6,504	17,845
SWADLINCOTE	M. Allan, M.B., ChB., D.P.H.	3,755	20,604
WHALEY BRIDGE	G. Cochrane, M.B., D.P.H.	3,479	4,789
WIRKSWORTH	W. S. G. Christie, M.B., Ch.B.	4,016	4,855
URBAN DISTRICTS		98,065	340,145
(RURAL)			
ASHBOURNE	H. H. Hollick, M.R.C.S., L.R.C.P.	86,188	11,661
BAKEWELL	H. G. Watson, M.B., Ch.B.	85,643	19,272
BELPER	W. D. Lamb, M.B., Ch.B., D.P.H. (Acting)	48,074	23,106
BLACKWELL	A. H. Wear, M.D., B.S., D.P.H.	21,668	44,689
CHAPEL-EN-LE-FRITH	G. Cochrane, M.B., D.P.H.	103,393	18,770
CHESTERFIELD	J. R. Graham, M.B., Ch.B., D.P.H.	69,139	64,968
CLOWNE	A. H. Wear, M.D., B.S., D.P.H.	13,429	17,720
REPTON	M. Allan, M.B., Ch.B., D.P.H.	65,653	26,438
SHARDLOW	S. Hunt, M.R.C.S., L.R.C.P.	44,204	41,097
RURAL DISTRICTS		537,391	267,721
URBAN DISTRICTS		98,065	340,145
WHOLE COUNTY		635,456	607,866

ding December 31st, 1952.

AUSES IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

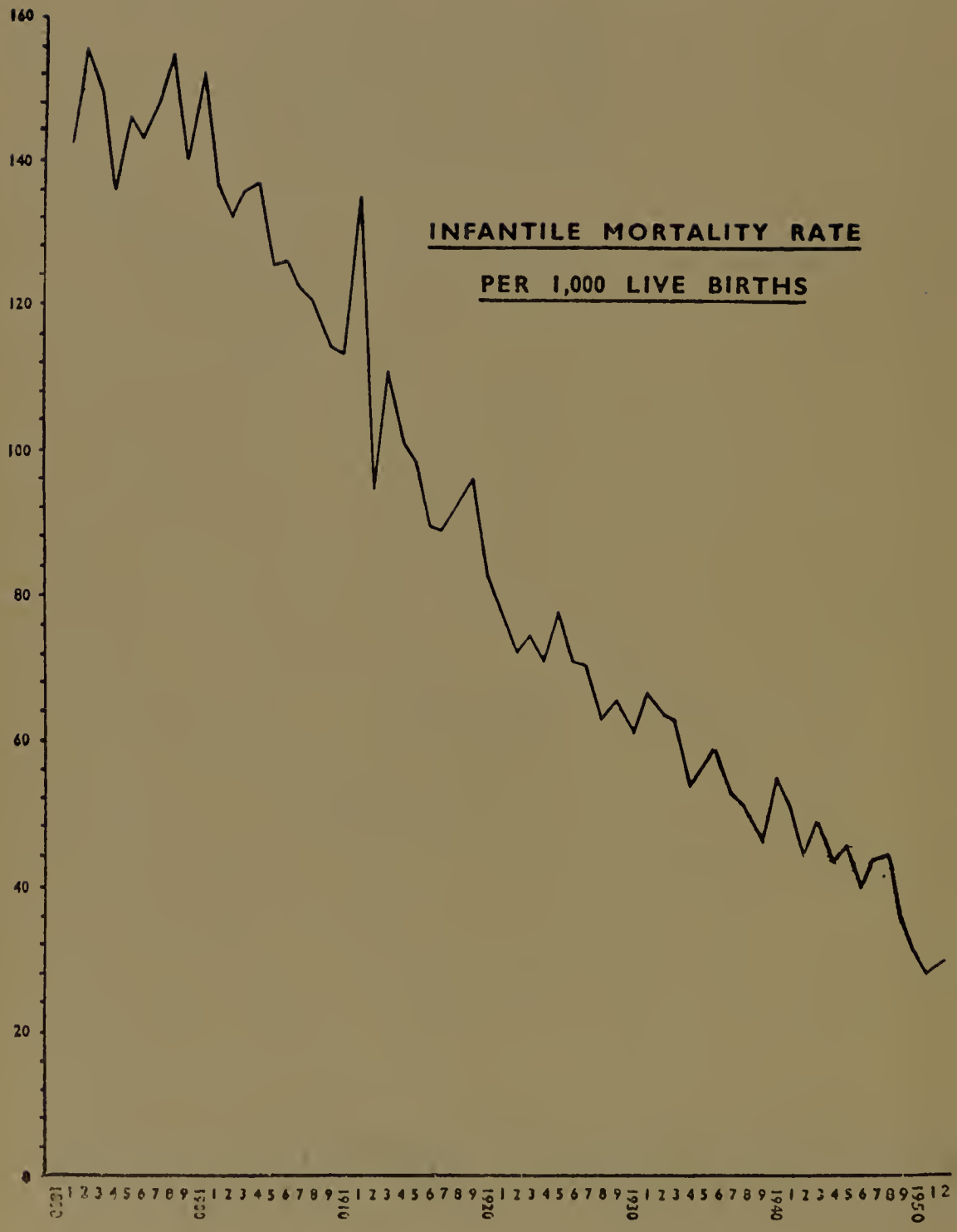
LATION.				*Annual Rates per* 1,000 *of Estimated Population.*				
Census 1951.	Estimated mid-1952.	Births (Live).	Deaths.	Birth Rate.	Death Rate.	Phthisis Death Rate.	Respiratory Death Rate.	Infant Death Rate per 1,000 Births.
23,388	23,130	359	212	15.52	9.16	.21	.78	27.86
5,440	5,093	75	58	14.72	11.39	—	.78	—
3,350	3,337	42	37	12.59	11.09	—	.60	23.81
15,716	15,690	208	168	13.25	10.70	—	.83	52.88
10,815	10,870	191	90	17.57	8.28	—	.83	47.12
19,556	19,610	311	242	15.86	12.34	.25	.81	16.07
68,540	67,270	983	715	14.61	10.63	.13	1.05	32.55
8,552	8,639	152	83	17.59	9.60	.11	1.27	26.31
7,628	7,549	108	67	14.30	8.87	.13	.53	9.26
18,014	17,830	243	257	13.63	14.41	.05	1.45	41.14
24,395	24,220	354	210	14.62	8.67	.16	.82	31.07
33,674	33,640	504	335	14.98	9.96	.21	1.42	21.82
28,638	29,020	428	300	14.75	10.34	.24	1.03	23.36
17,770	18,400	233	202	12.66	10.98	.05	.76	21.46
8,473	8,386	121	106	14.43	12.64	.12	.59	24.79
18,194	17,990	262	195	14.56	10.84	.22	1.05	41.98
17,941	18,010	256	156	14.21	8.66	.11	1.05	46.87
20,909	20,780	306	229	14.72	11.02	.33	1.10	22.87
5,365	5,334	93	66	17.44	12.37	—	.56	—
4,886	4,902	86	62	17.54	12.65	—	1.22	23.25
51,244	359,700	5,315	3,790	14.77	10.53	.15	1.00	29.16
12,020	11,730	191	133	16.28	11.34	—	1.02	10.47
19,291	19,000	253	261	13.31	13.73	.10	1.00	15.81
28,186	28,150	394	288	13.99	10.23	.21	.78	32.99
43,104	42,800	759	440	17.73	10.28	.18	1.17	32.94
18,990	18,840	262	248	13.91	13.16	.21	.95	38.17
75,728	75,770	1,171	729	15.45	9.62	.10	.71	35.01
19,071	19,060	323	273	16.95	14.32	.26	1.57	43.34
31,562	31,890	498	334	15.61	10.47	.12	1.44	40.16
75,876	78,160	1,259	738	16.11	9.44	.23	.68	19.85
23,828	325,400	5,110	3,444	15.70	10.58	.17	.93	30.13
51,244	359,700	5,315	3,790	14.77	10.53	.15	1.00	29.16
35,072	685,100	10,425	7,234	15.21	10.56	.16	.97	29.64


DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION
BIRTH RATE
DEATH RATE
40
35
30
25
20
15
10
5
0
1890 1 2 3 4 5 6 7 8 9 1900 1 2 3 4 5 6 7 8 9 1910 1 2 3 4 5 6 7 8 9 1920 1 2 3 4 5 6 7 8 9 1930 1 2 3 4 5 6 7 8 9 1940 1 2 3 4 5 6 7 8 9 1950 1 2

DERBYSHIRE

DEATHS FROM CANCER

1900—1952


INFANTILE MORTALITY RATE
PER 1,000 LIVE BIRTHS
160
140
120
100
80
60
40
20
0
1910
1920
1930
1940
1950

LOCAL GOVERNMENT ACT 1933, SECTION 111.

In the early part of 1951 certain Committees of the County Council gave consideration to whole-time District Medical Officers of Health, whose responsibilities had been reduced by the National Health Service Act, being also employed for County Council work.

On the 30th June, 1951 the Ministry of Health issued circular 27/51 which suggested that schemes submitted under Section 111 of the Local Government Act, 1933, for the employment of District Medical Officers of Health restricted from engaging in private practice, might be examined on the same grounds and also mentioning the need to ensure that the best use is made of medical manpower.

The District Councils were consulted and three schemes were placed before them which involved the reduction of eleven groups to eight, eight, and nine respectively. It seemed that the District Councils generally were satisfied with the existing schemes drafted by the County Council in 1936. Ultimately the County Council prepared a Scheme involving a division of the County into ten groups as follows :—

Area.	*County Districts.*
No. 1	Clay Cross Urban.
	Dronfield Urban.
	Staveley Urban.
	Chesterfield Rural.
No. 2	Bolsover Urban.
	Blackwell Rural.
	Clowne Rural.
No. 3	Borough of Glossop.
	New Mills Urban.
No. 4	Borough of Buxton.
	Chapel-en-le-Frith Rural.
	Whaley Bridge Urban.
No. 5	Bakewell Urban.
	Matlock Urban.
	Bakewell Rural.
No. 6	Long Eaton Urban.
	Shardlow Rural.
No. 7	Swadlincote Urban.
	Repton Rural.
No. 8	Borough of Ilkeston.
	Alfreton Urban.
	Heanor Urban.
	Ripley Urban.
No. 9	Ashbourne Urban.
	Belper Urban.
	Wirksworth Urban.
	Ashbourne Rural.
	Belper Rural
No. 10	Borough of Chesterfield.

The only difference from the previous scheme of eleven groups was that the Borough of Ilkeston, because of its compactness and relatively small population, was added to area 8 (Alfreton, Heanor, and Ripley Urban Districts).

It will not be possible to bring the scheme fully into operation at one time, as it is dependant on vacancies arising in offices at present held by part-time Medical Officers. When these arise from time to time further consultations will be necessary with the District Councils concerned to see if it is practicable for a whole-time Medical Officer to be appointed to work both for the District Councils in the appropriate area and the County Council.

COUNTY BACTERIOLOGICAL LABORATORY

The following Table shows the number of examinations carried out in the County Laboratory during the year for the Administrative County of Derbyshire and the County Boroughs of Derby and Burton-on-Trent :—

TABLE IV.

	County of Derbyshire.		*Derby C.B.*		*Burton-on-Trent C.B.*	
	Pos.	*Neg.*	*Pos.*	*Neg.*	*Pos.*	*Neg.*
Serological Examinations—						
Enteric Group of Organisms..	—	24	—	—	—	—
Brucella Abortus	—	6	—	1	—	—
Paul-Bunnell Test for Glandular Fever..	2	1	—	—	—	—
Culture Examinations—						
Enteric, dysentery and food poisoning group of organisms	22	382	10	15	2	4
C. diphtheriae	2	249	—	174	—	—
Haemolytic Streptococci ..	52	351	33	141	—	2
Microscopical Examinations—						
Vincent's Angina Organisms	4	197	4	139	—	—
Ringworm Parasites ..	—	2	—	—	—	—
Sputa for Tubercle Bacilli ..	168	2583	—	2	—	—
Clinical Specimens	163	927	13	16	2	4
Biological Test—						
Tubercle Bacilli in Clinical Specimens	8	85	60	367	—	2
Friedman Test for Pregnancy	12	4	—	—	—	—
Tubercle Bacilli in Milk :—						
Unselected Specimens ..	13	644	1	44	1	74
Milk for Brucella Abortus..	—	14	—	14	—	—
Raw and Graded Milk Examinations—						
*Methylene Blue Test ..	51	166	5	33	7	94
Coliform Test	1	4	—	2	—	—
Pasteurised and Sterilised Milk Examinations—						
*Phosphatase Test	28	715	11	203	3	261
*Methylene Blue Test ..	7	478	2	164	5	202
Coliform Test	6	10	—	—	—	—
*Turbidity Test	—	24	—	25	—	—
Ice Cream Examinations—						
*Methylene Blue Test ..	29	561	15	92	14	178
Water Examinations—						
*Coliform and Anaerobe Tests	246	1196	76	494	2	15
	814	8623	230	1926	36	836

* *Pos.—Unsatisfactory.*
Neg.—Satisfactory.

BIOLOGICAL TESTS FOR TUBERCLE BACILLI IN MILK.

During the year, 777 unselected samples of milk, including raw and graded milk, taken in the Derbyshire County, Derby County Borough and Burton-on-Trent County Borough areas, were examined biologically for the presence of B. tuberculosis. 15 of these samples, or 1.93 per cent, were found to contain living transmissible tubercle bacilli ; the figure for 1951 was 4.04 per cent.

BIOLOGICAL TESTS OF SAMPLES OF MILK SUBMITTED FOR THE PHOSPHATASE TEST.

37 samples of milk, labelled "Pasteurised" found to be positive by the phosphatase test (indicative of either insufficient pasteurisation or of the addition of raw milk), were submitted to the biological test. One sample contained viable tubercle bacilli.

38 samples of pasteurised milk (from schools and hospitals) found to be negative by the phosphatase test (indicative of adequate pasteurisation) were also submitted to the biological test with negative results.

DISTRIBUTION OF VACCINE LYMPH AND OTHER PROPHYLACTIC REAGENTS.

National Health Service Act, 1946—*Section* 26.

The following Table shows the vaccines, etc., issued during 1952 in the Administrative County of Derbyshire, the County Boroughs of Derby and Burton-on-Trent, the City of Nottinghan and the County of Nottinghamshire :—

TABLE V.

	Doses.
Vaccine Lymph	9,230
Prophylactic Reagents for Diphtheria Immunisation :—	
A.P.T.	13,074
T.A.F.	6,596

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

At the beginning of 1952, 17 Pasteurisers' Licences were renewed in respect of establishments in the County area. One of the Licences was surrendered in May. The plant in question was closed down and the licence has not since been renewed.

There was one new applicant during the year. He had been setting up the necessary equipment over some eighteen months, and the licence in question was not finally issued until the end of the year, and came into effect on January 1st, 1953.

The overall situation at the dairies remained substantially the same as in 1951. The types of plant operated were unchanged, and at the end of the year were as follows :—

High Temperature Short Time Plant	6
Continuous Flow Holder Type	1
Batch Type	9

Improvements to plant continued at a somewhat reduced rate and there was a tendency for bottle capping to be of the "metal overlapping type" rather than cardboard discs being used.

In this respect, the position on December 31st was as follows :—

Establishments using overlapping caps	7
Establishments using both overlapping caps and cardboard discs	6
Establishments using cardboard discs (one firm does not bottle milk).	2

Of all the operators using cardboard discs, only two have no immediate plans for conversion to the "overlapping" type.

New dairy plant and equipment now appears to be much more readily available and no doubt all operators using cardboard discs could go over fairly quickly to metal capping if so required by Regulation.

There was a drop in the quantity of milk being pasteurised, from 20,000 gallons to just over 17,000 gallons per day. The dairy which closed down was treating some 1,200 gallons per day and this quantity was "lost" to the County area. But, in addition, there has been a noticeable fall in the quantity pasteurised at the large wholesale establishment in the south of the County. Possibly the fact that milk is supplied only in bulk from this dairy, and is not bottled, has a bearing on the decline in sales.

The County Sanitary Inspector made 371 inspections of Pasteurising Establishments, and submitted 408 samples for examination. The results of the examinations of these samples were as follows :—

TABLE VI.

Grade.	*Satisfactory.*		*Unsatisfactory.*		*Total Number of samples submitted.*
	M.B.	*Phos.*	*M.B.*	*Phos.*	
Tuberculin Tested Milk (Pasteurised)	96	111	1	7	118
Pasteurised	218	287	1	3	290

Note.—A total of 92 samples were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 65°F.

In addition, four trial samples were obtained from a probable applicant, and all of these were satisfactory.

Only one sample failed both methylene blue and phosphatase tests. The percentage of phosphatase test failures was 2.45%, as compared with 2.41% for 1951, and 5.96% for 1950. A record has been kept during 1951 and 1952 of the causes or presumed causes of these failures and is summarised below :—

Forward leaks of raw milk in plant	5
Under pasteurisation	8
Other contamination with raw milk	1
Defective automatic control mechanism	4
Other mechanical defects	1

It is considered that the majority of unsatisfactory samples could be prevented by efficient plant management, and occur only when the human element fails. For this reason, the H.T.S.T. ("High temperature short time") type of plant has much to recommend it. Of the forty phosphatase test failures recorded during 1950, 1951 and 1952, only three have been from H.T.S.T. plants, a proof of their reliability compared to that of the "holder" type.

Over-emphasis must not be placed on sampling and sample results, because it is the regular visits to establishments which do as much as anything to make the dairy manager aware of his responsibilities to the public.

Routine samples of pasteurised milks failing the phosphatase test are examined for the presence of tubercle bacilli. During the year, nine such failures were negative on examination.

Sixty five samples were also examined for the presence of chlorates, and all were satisfactory.

The following is a list of the Pasteurising Establishments for which licences were issued for 1952 :—

PASTEURISING ESTABLISHMENTS, 1952.

Name.	*Address of Establishment.*
Atkinson & Haspel	Church Farm, Ockbrook.
Beswick, W.	South Street Dairy, Draycott.
Crowsnest Dairies Ltd. .. .. (*trading as Park Farm Dairies*).	Swarkestone.
Davies & Cox Ltd.	The Dairy, Castle Road, Castle Gresley.
Gilbert Bros. Ltd. .. .. .. (*ceased to operate* 6.5.52).	Ryefield Dairy, Bargate, Belper.
Hibbert, H.	Gisbourne Dairy, Chapel-en-le-Frith.
Hutchings, S., & Sons Ltd.	175, Derby Road, Long Eaton.
Ilkeston Co-operative Society Ltd. ..	Oakwell Dairy, Derby Road, Ilkeston.
Longden, A. V.	Hardwick Square, Buxton.
Long Eaton Co-operative Society Ltd.	Meadow Lane, Long Eaton.
Morten, R. B. & Son	The Creamery, Green Lane, Buxton.
Morton, J. H.	Allenscott Dairy, Grindleford.
Moss, H...	6, Ash Street, Ilkeston.
Pleasley Co-operative Society Ltd. ..	Pleasley, Nr. Mansfield.
Ripley Co-operative Society Ltd. ..	Nottingham Road, Ripley.
Wheldon, H.	94, Breedon Street, Long Eaton.
Wilts. United Dairies Ltd.	Egginton Junction, Nr. Derby.

Specified Areas.

The first Milk (Special Designation) (Specified Areas) Order to affect any part of the County came into operation on the 1st November, 1952. The area specified was broadly that of Nottingham (City) and the surrounding country districts. The portions of this County which were included were as follows :—

The Borough of Ilkeston
The Urban District of Long Eaton
The Parishes of Sandiacre and Stanton-by-Dale in Shardlow Rural District.

The principal purpose of the scheme is to ensure that all milk sold in the "specified area" is one of the designations laid down by the Regulations ; viz., "Tuberculin Tested," "Accredited" (from a single herd, and only until 1954), "Tuberculin Tested Milk (Pasteurised)," "Pasteurised," or "Sterilised." Many of the populated areas of the country are now covered in this way, and it is anticipated that further sections of the County will be included from time to time. It will obviously be more difficult to cover the remoter rural areas, but as distribution facilities improve, such a step becomes more practicable. The portion of the County now covered has a considerable number of retailers and producer retailers, all of whom now have to comply with the relevant provisions of the Milk and Dairies and Artificial Cream Act, 1950. There are five pasteurising establishments in the area, which between them process some 5,800 gallons of milk per day. The population concerned is approximately 55,000. In the light of experience to date, there have been few difficulties encountered under the new Order.

Dairy water supplies.

Three of the pasteurising establishments use water for cooling purposes from sources other than public mains. A careful check is kept on the quality of these supplies and of fourteen routine samples taken during the year, twelve were satisfactory and two unsatisfactory. The managements concerned were kept fully informed of these results, and in the case of unsatisfactory results appropriate advice given.

Hospital Dairy Farms.

At the request of the Ministry of Health routine milk samples have been collected from two Hospital Farms, namely Rough Heanor Farm, Mickleover, and Pastures Hospital Farm, Mickleover. A total of twenty-six samples were taken of which twenty-five satisfied and one failed the Methylene Blue Test. In addition, six examinations for tubercle bacilli and six for brucella abortus all proved negative.

WATER SUPPLIES.

Rural Water Supplies and Sewerage Act, 1944.

The following schemes of water supply have been submitted to the Rural Water Supplies and Sewerage Act Sub-Committee during the year :—

Authority submitting Scheme.	*Parish.*	*Estimated Cost.*	*Observations.*
Ashbourne R.D.C. ..	Hartington (Nether Quarter) (Biggin extension)	£2,875	Scheme approved.
Ashbourne R.D.C. ..	Hulland Ward and Kirk Ireton	£15,250	Scheme approved with provisos.
Ashbourne R.D.C. ..	Hartington (Town Quarter) (Newhaven Lodge extension)	£3,225	Scheme approved with provisos.

The total estimated cost of schemes submitted to the County Council since the commencement of the Act now stands at £941,350.

There have been a number of improvements to main supplies during the year, and in addition, various extensions have been carried out locally. The following is a summary of work completed.

Alfreton U.D.C.	700 yards new 4-inch mains to two Housing Estates.
Belper U.D.C.	1,610 yards of 4-inch and 3-inch new mains; 645 yards 5-inch main renewed.
Buxton Borough	New 6-inch and 4-inch mains laid on Victoria Park Housing Estate; chlorine drip feeds to Coldsprings and Terret reservoirs.
Bolsover U.D.C.	Extensions of mains to new housing sites; Carr Vale pumping and filter house rebuilt.
Glossop Borough	Hurst reservoir acquired by the Corporation; extensions of mains to new housing sites.
Ilkeston Borough	7,720 yards new mains laid.
Long Eaton U.D.C.	Extensions of mains to Petersham and Parkside Estates.
New Mills U.D.C.	Reconstruction work at Ballbeard reservoir almost completed; extension of mains to Brookbottom.
Matlock U.D.C.	Bonsall scheme substantially completed. Riber and district scheme main laying work completed. Improvement work carried out to Cuckoostone borehole.
Blackwell R.D.C.	2,473 yards of new mains to housing sites; 675 yards defective mains replaced.
Chapel-en-le-Frith R.D.C. ..	1,230 yards new mains laid, chiefly to housing sites; 2,460 yards of mains scraped and partly relined at Dove Holes. Chlorinating plants fixed to existing supplies at Hargate Hill, Castleton and Hope.
Clowne R.D.C.	2,259 yards new mains laid.

In addition to the above, the following information has been supplied with regard to improvements carried out by the Chesterfield, Bolsover and Clowne Water Board :—

"1. Normal mains extensions have proceeded on housing schemes.

2. The reconditioning of the 12" diameter and 14" diameter pipelines from Linacre Reservoir was continued by scraping off the internal incrustation and providing a 5/16" concrete lining.

3. Overhauls were carried out on pumps at Whispering Well, Hunger Hill and Holmebrook.
4. Almost half a mile of the 12" diameter Linacre to Brimington Trunk main was reconditioned as No. 2 above.
5. Experiments have continued at Whispering Well to determine the most satisfactory method of removing metals."

It is also understood that a start was made on the Walton and Brampton Rural Water Scheme and a good deal of work was carried out on the Clowne section of the Undertaking.

Ministry of Housing and Local Government Inquiries.

Borough of Buxton.

An inquiry was held on the 19th June, 1952, at Buxton, in connection with the local authority's proposals to augment and improve the water supply to their area. The scheme included a new filter plant at Stanley Moor, a new service reservoir of 1,000,000 gallons capacity, and the renewal of a number of the existing water mains. The estimated cost was stated to be £113,700.

SEWERAGE AND SEWAGE DISPOSAL.

Rural Water Supplies and Sewerage Act, 1944.

The following schemes of sewerage and sewage disposal have been submitted to the Rural Water Supplies and Sewerage Act Sub-Committee during the year :—

Authority submitting Scheme.	*Parish.*	*Estimated Cost.*	*Observations.*
Bakewell R.D.C. ..	Hathersage	£21,000	Scheme approved.
Clowne R.D.C. ..	Elmton	£91,000	Scheme approved.
Clowne R.D.C. ..	Clowne (Mount Pleasant, West Lea and Cockhouse sewerage)	£13,500	District Council asked to reconsider scheme.
Repton R.D.C. ..	Coton-in-the-Elms Rosliston Caldwell	£47,000	Scheme approved.
Repton R.D.C. ..	Smisby	£12,800	Scheme approved.
Repton R.D.C. ..	Walton-on-Trent ..	£25,000	Scheme approved subject to Consulting Engineer's report.

The total estimated cost of schemes submitted to the County Council since the commencement of the Act now stands at £737,800.

The following is a summary of work of sewerage and sewage disposal carried out during the year :—

Alfreton U.D.C.	New sewers constructed at Firs and Colin Street Estates. One filter bed at Pye Bridge sewage works re-built.
Belper U.D.C.	1,631 yards new sewer laid.
Buxton Borough	Sewers completed on Victoria Park Housing Estate No. 2.
Bolsover U.D.C.	Reconstruction of sewage works at Whaley village completed.
Ilkeston Borough	3,221 yards sewers constructed at Garden Avenue and Kirk Hallam Housing Estate.
Matlock U.D.C.	Main outfall sewer from Cromford to Lea sewage works dragged and cleansed.
Swadlincote U.D.C. ..	2,900 yards foul and surface water sewers constructed at New Hartshorne Housing Estate ; "Circofil" sewage disposal plant built to take drainage from that Estate.
Wirksworth U.D.C. ..	Extensions to sewage works at Derby Road completed. New sewers laid on Derby Road housing site, including a new foul sewer to a point near the disposal works.
Blackwell R.D.C.	Hardstoft and Stockley schemes completed.
Chapel-en-le-Frith R.D.C. ..	1,670 yards new sewers laid, chiefly to housing sites.
Clowne R.D.C.	Filter bed enlarged and the media renewed at Barlborough sewage works.

Ministry of Housing and Local Government Inquiries.

Repton R.D.C. Parishes of Hartshorne and Woodville.

An informal inquiry was held on the 6th May, 1952, at Burton, in connection with proposals for the disposal of sewage in these parishes. The main reason for this investigation was the development of a new housing estate by Swadlincote U.D.C. in the Parish of Hartshorne. The drainage from this housing site would normally flow into the existing sewage disposal works at Woodville, but due to existing overloading of these works, some alternative disposal was being sought. The proposals put forward include the provision of temporary works of an experimental nature on the Woodville works site to deal with the immediate difficulty, as well as a longer term suggestion for the establishment of new comprehensive works in Hartshorne parish.

SANITARY CIRCUMSTANCES OF DISTRICTS, 1952.

The following four Tables give detailed figures in respect of premises and inspections carried out, sampling, water supplies, drainage, housing, in the various Sanitary Districts of the Administrative Area.

TABLE VII.

SUMMARY OF SANITARY INSPECTORS' WORK, 1952.

URBAN DISTRICTS.

District and Sanitary Inspector's Name.		PREMISES.																		SAMPLING.							
											Movable Dwellings										Milk.		Water				
		Bakehouses	Canal Boats	Common Lodging Houses	Dairies	Factories and Workplaces	Houses Let in Lodgings	Ice Cream Premises	Market Stalls	Milk Distributors	(a) Sites	(b) Dwellings	Offensive Trades	Outworkers	Preserved Food Stores	Shops	Slaughterhouses	Knackers Yards	Swimming Baths	Ice Cream	(a) Routine	(b) Biological	(a) Mains	(b) Other Sources	(c) Swimming Baths	Totals
ALFRETON.	No. on Register ..	12	—	1	25	111	—	64	6	23	9	17	2	92	47	487	16	—	—	..	..	..	..	..	..	912
	No. of Inspections made	42	—	3	9	164	—	64	312	—	15	30	37	—	319	1663	9	—	—	..	..	..	..	..	..	2667
E. Mercer	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	6	2	12	12	—	—	32
ASHBOURNE	No. on Register ..	9	—	—	27	26	—	29	21	12	—	—	—	146	—	141	3	—	1	..	..	..	..	..	..	415
	No. of Inspections made	27	—	—	108	78	—	145	1050	36	—	—	—	292	—	141	220	—	—	..	..	..	..	..	..	2097
D. Powell.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	1	—	—	1
BAKEWELL.	No. on Register ..	5	—	—	1	54	—	10	61	2	—	—	—	—	4	46	3	—	—	..	..	..	..	..	..	186
	No. of Inspections made	13	—	—	14	112	—	28	183	15	—	—	—	—	12	32	117	—	—	..	..	..	..	..	..	526
T. W. Baker.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	—	—	—	—
BELPER.	No. on Register ..	8	—	1	3	73	—	41	—	10	—	4	—	64	35	280	—	1	1	..	..	..	..	..	..	521
	No. of Inspections made	23	—	6	10	86	—	73	—	10	—	13	—	65	80	251	—	3	1	..	..	..	..	..	..	621
J. Bailey.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	58	16	72	13	13	2	174
BOLSOVER.	No. on Register ..	2	—	—	5	52	—	23	14	15	1	12	—	3	24	130	5	1	1	..	..	..	..	..	..	288
	No. of Inspections made	12	—	—	31	127	—	88	113	120	30	76	—	9	105	73	8	41	8	..	..	..	..	..	..	841
J. F. H. Walton.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	18	—	59	6	—	10	93
BUXTON (BOROUGH).	No. on Register ..	20	—	—	9	107	6	60	7	9	—	—	1	1	29	384	—	—	—	..	..	..	..	..	..	633
	No. of Inspections made	122	—	—	51	347	4	78	474	51	—	—	16	1	97	573	—	—	—	..	..	..	..	..	..	1814
A. H. Cornhill.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	67	132	125	4	—	328

CHESTERFIELD.	No. on Register ..	36	—	1	13	276	2	189	53	139	10	61	11	14	37	396	3	1	3	..	..	..	..	..	..	1245
(BOROUGH).	No. of Inspections made	81	—	50	88	107	6	61	1423	179	12	64	21	14	56	336	1285	12	15	..	..	..	..	..	..	3810
G. Drabble.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	17	41	37	9	1	20	125
CLAY CROSS.	No. on Register ..	4	—	1	11	28	1	26	—	18	—	1	1	1	19	153	8	—	1	..	..	..	..	..	..	273
	No. of Inspections made	4	—	2	4	26	—	9	—	—	—	5	1	—	20	—	2	—	—	..	..	..	..	..	..	73
L. Wilson.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	9	11	—	20
DRONFIELD.	No. on Register ..	1	—	—	—	41	—	23	—	13	—	—	—	—	1	88	—	—	—	..	..	..	..	..	..	167
	No. of Inspections made	7	—	—	—	7	—	6	—	10	—	—	—	—	5	86	—	—	—	..	..	..	..	..	..	121
E. M. Housecroft.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	16	—	—	16
GLOSSOP	No. on Register ..	48	—	—	35	182	—	52	46	85	—	—	5	66	134	432	14	—	1	..	..	..	..	..	..	1100
(BOROUGH).	No. of Inspections made	109	—	—	7	115	—	14	1040	84	—	—	15	—	152	452	92	—	7	..	..	..	..	..	..	2087
E. Dunsmore.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12	20	14	44	2	15	107
HEANOR.	No. on Register ..	16	—	—	8	169	—	71	—	18	10	10	2	72	25	415	20	—	1	..	..	..	..	..	..	837
	No. of Inspections made	24	—	—	6	235	—	75	574	42	27	55	4	92	35	615	19	—	2	..	..	..	..	..	..	1805
H. W. Jefford.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	21	39	32	32	—	—	124
ILKESTON	No. on Register ..	12	14	—	3	133	—	156	18	92	—	2	2	53	86	764	3	—	1	..	..	..	..	..	..	1339
(BOROUGH).	No. of Inspections made	16	—	—	3	18	—	12	52	30	—	15	4	20	635	270	—	—	2	..	..	..	..	..	..	1077
C. E. Adcock.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	11	—	—	11
LONG EATON.	No. on Register ..	12	—	—	7	183	—	75	—	9	1	—	—	125	26	142	1	—	1	..	..	..	..	..	..	583
	No. of Inspections made	35	—	—	9	106	—	220	524	12	20	—	—	13	83	329	554	—	—	..	..	..	..	..	..	1905
T. W. Walton.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	6	—	—	6
MATLOCK.	No. on Register ..	19	—	—	3	168	—	99	—	7	10	57	1	12	19	335	5	—	3	..	..	..	..	..	..	738
	No. of Inspections made	42	—	—	26	188	—	65	53	30	8	60	4	4	13	219	3	—	11	..	..	..	..	..	..	726
C. R. Lill.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11	19	19	192	1	12	254

TABLE VII—*continued.* **URBAN DISTRICTS**—*continued.*

District and Sanitary Inspector's Name		PREMISES.																		SAMPLING.						
											Movable Dwellings										Milk.		Water			
		Bakehouses	Canal Boats	Common Lodging Houses	Dairies	Factories and Workplaces	Houses Let in Lodgings	Ice Cream Premises	Market Stalls	Milk Distributors	(*a*) Sites	(*b*) Dwellings	Offensive Trades	Outworkers	Preserved Food Stores	Shops	Slaughterhouses	Knackers Yards	Swimming Baths	Ice Cream	(*a*) Routine	(*b*) Biological	(*a*) Mains	(*b*) Other Sources	(*c*) Swimming Baths	Totals
NEW MILLS.	No. on Register ..	14	—	—	4	70	—	40	6	8	—	4	—	—	15	228	1	1	—	..	..	..	..	..	..	391
	No. of Inspections made	34	—	—	21	84	—	81	8	23	—	4	—	—	29	381	140	14	—	..	..	..	..	..	..	819
A. P. Bates.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	40	47	18	51	20	—	176
RIPLEY.	No. on Register ..	9	—	—	3	229	1	55	74	14	—	20	—	54	18	386	16	—	—	..	..	..	..	..	..	879
	No. of Inspections made	17	—	—	7	28	5	20	18	1	—	37	—	1	68	70	—	—	—	..	..	..	..	..	..	272
D. Bamford.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	26	17	24	5	5	—	77
STAVELEY.	No. on Register ..	3	—	—	6	53	—	24	5	16	—	12	1	7	1	165	2	—	1	..	..	..	..	..	..	296
	No. of Inspections made	9	—	—	14	53	—	45	49	27	—	31	9	7	10	296	51	—	4	..	..	..	..	..	..	605
H. Nuttall.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	99	24	—	123
SWADLINCOTE.	No. on Register ..	12	—	—	9	155	—	69	53	31	—	—	—	—	31	360	20	—	—	..	..	..	..	..	..	740
	No. of Inspections made	64	—	—	83	286	—	346	274	344	81	203	—	9	143	881	17	—	—	..	..	..	..	..	..	2731
G. Ainsworth.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	131	153	60	36	3	—	383
WHALEY BRIDGE.	No. on Register ..	5	—	—	3	39	—	25	4	13	1	4	—	8	13	92	1	—	—	..	..	..	..	..	..	208
	No. of Inspections made	17	—	—	24	79	—	47	42	24	7	18	—	—	32	85	4	—	—	..	..	..	..	..	..	379
A. McLane.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	6	1	—	7
WIRKSWORTH.	No. on Register ..	3	—	—	3	29	—	16	28	5	—	—	—	1	6	78	3	—	—	..	..	..	..	..	..	172
	No. of Inspections made	4	—	—	31	24	—	119	52	65	1	1	—	1	7	148	3	—	—	..	..	..	..	..	..	456
J. Taylor.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	118	41	1	51	2	—	213

TABLE VII—*continued.*

RURAL DISTRICTS.

ASHBOURNE.	No. on Register ..	6	—	—	—	49	—	8	—	5	1	6	—	45	4	51	6	2	1	..	..	..	..	..	..	184
T. R. Sambrook.	No. of Inspections made	23	—	—	—	15	—	20	—	3	5	14	—	—	7	29	14	27	6	..	..	..	..	..	..	163
D. J. Cowen.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	2	19	—	21
BAKEWELL.	No. on Register ..	14	—	—	13	98	—	87	—	13	15	62	—	—	10	266	25	1	1	..	..	..	..	..	..	605
R. R. R. Davies.	No. of Inspections made	23	—	—	39	102	—	104	—	39	19	131	—	—	15	71	143	5	10	..	..	..	..	..	..	701
T. M. Kilyon.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	2	—	2	2	6
BELPER.	No. on Register ..	4	—	—	13	60	—	60	—	24	4	48	—	66	—	—	1	—	—	..	..	..	..	..	..	284
	No. of Inspections made	4	—	—	3	11	—	10	—	9	18	78	—	—	14	96	57	—	—	..	..	..	..	..	..	304
J. Laycock.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	2	9	—	11
BLACKWELL.	No. on Register ..	11	—	—	22	126	—	100	30	32	9	9	—	25	27	310	26	—	—	—	..	..	..	..	..	727
R. Clarkson.	No. of Inspections made	56	—	—	52	117	—	200	51	64	32	47	—	25	65	714	193	—	—	..	..	..	..	..	..	1616
I. N. Creear.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	144	73	39	134	2	—	392
CHAPEL-EN-LE-FRITH.	No. on Register ..	11	—	—	52	103	—	63	—	53	6	7	—	6	—	197	—	—	3	..	..	..	..	..	..	501
	No. of Inspections made	17	—	—	25	73	—	14	—	25	43	23	—	2	—	125	—	—	12	..	..	..	..	..	..	359
W. E. Colston.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	61	10	7	78
CHESTERFIELD.	No. on Register ..	28	—	1	6	196	—	153	11	84	2	39	1	21	39	737	38	2	—	..	..	..	..	..	..	1358
	No. of Inspections made	—	—	3	18	210	—	101	3	149	555		2	21	101	44	34	4	—	..	..	..	..	..	..	1261
T. W. Binns.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	60	—	—	60
CLOWNE.	No. on Register ..	9	—	—	1	30	2	39	1	17	—	2	—	1	34	255	2	—	1	..	..	..	..	..	..	394
	No. of Inspections made	12	—	—	5	315	26	77	3	98	—	27	—	—	—	284	268	—	97	..	..	..	..	..	..	1212
A. A. Short.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	16	—	5	—	21
REPTON.	No. on Register ..	12	—	—	7	72	—	68	—	9	—	23	—	8	26	295	22	1	—	..	..	..	..	..	..	543
	No. of Inspections made	14	—	—	10	27	—	93	—	—	—	92	—	11	108	147	59	3	—	..	..	..	..	..	..	564
F. Lomas.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	41	—	2	13	19	—	75
SHARDLOW.	No. on Register ..	12	—	—	45	185	—	164	—	47	19	118	—	93	44	600	9	2	—	..	..	..	..	..	..	1338
	No. of Inspections made	24	—	—	120	50	—	180	—	47	27	48	—	93	44	200	9	2	—	—	—	—	—	—	—	844
G. L. Roe.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	30	—	—	30

TABLE VIII.

WATER SUPPLIES.

	URBAN DISTRICTS												
	Alfreton	Ashbourne	Bakewell	Belper	Bolsover	Buxton (Borough)	Chesterfield (Borough)	Clay Cross	Dronfield	Glossop (Borough)	Heanor	Ilkeston (Borough)	Long Eaton
No. of Houses :— Connected to mains ..	7153	1801	1136	4612	3117	5032	19873	2575	2416	6235	7119	9892	888
Population involved ..	23130	5370	3350	15649	10870	19424	67233	8500	7542	17939	24326	33595	289
Supplied from stand-pipes on mains ..	—	10	—	36	—	2	3	—	—	—	18	16	2
Population involved ..	—	45	—	138	—	8	8	—	—	—	60	39	6
Supplied from other sources	—	5	7	4	—	31	11	25	3	25	—	2	
Population involved ..	—	25	28	13	—	124	29	70	7	75	—	6	
No. of premises connected during year	146	70	33	63	96	42	290	70	50	47	98	349	2

TABLE IX.

DRAINAGE.

	URBAN DISTRICTS												
	Alfreton	Ashbourne	Bakewell	Belper	Bolsover	Buxton (Borough)	Chesterfield (Borough)	Clay Cross	Dronfield	Glossop (Borough)	Heanor	Ilkeston (Borough)	Long Eaton
No. of Houses— Connected to sewers ..	5643	1784	1115	4506	2993	4833	19781	2400	2272	6225	7078	9823	88
Population involved ..	17675	5370	3258	15272	10450	18644	66970	7900	7082	17909	24136	33426	288
Not connected ..	1510	32	28	155	114	232	106	190	164	35	75	87	
Population involved ..	5455	80	112	528	420	912	300	600	537	105	250	214	1
Premises connected during year	235	70	30	60	109	49	290	100	50	46	94	352	2
No. of closets converted during year	91	—	—	13	9	7	7	—	2	24	—	8	

RURAL DISTRICTS															
New Mills	Ripley	Staveley	Swadlincote	Whaley Bridge	Wirksworth	Ashbourne	Bakewell	Belper	Blackwell	Chapel-en-le-Frith	Chesterfield	Clowne	Repton	Shardlow	TOTAL
2725	5553	4986	6015	1810	1568	2397	5315	8111	11729	5457	22505	5761	7144	23108	198,959
7773	18145	18010	20669	5221	4648	9588	16737	26240	42217	16062	74750	20050	25004	76463	663,766
—	4	—	79	—	22	35	179	42	120	13	20	2	302	50	1,029
—	13	—	237	—	66	130	566	120	447	45	65	6	1057	175	3,476
203	10	2	1	34	58	893	513	562	7	868	966	6	1309	485	6,385
595	36	7	3	113	145	2022	1697	1790	19	2837	3218	23	5829	1697	21,580
52	76	39	56	12	65	122	54	152	207	91	1714	149	223	454	5,106

RURAL DISTRICTS															
New Mills	Ripley	Staveley	Swadlincote	Whaley Bridge	Wirksworth	Ashbourne	Bakewell	Belper	Blackwell	Chapel-en-le-Frith	Chesterfield	Clowne	Repton	Shardlow	TOTAL
2771	5228	4986	6025	1673	1591	1068	3385	7135	11327	3641	20090	5545	6916	22550	185,874
8030	17083	18010	20702	4814	4714	4272	10705	23040	40531	10979	66963	19200	25420	74490	621,404
150	340	45	69	171	58	2257	2622	1580	529	2679	3401	223	1844	1043	20,437
345	1111	170	207	520	145	7458	8295	5110	1584	8011	11070	879	6470	3670	66,870
50	76	41	44	11	61	45	48	160	145	73	1294	140	92	442	4,516
13	38	3	—	4	8	28	39	50	590	6	147	11	8	16	1,240

TABLE X.

HOUSING.

	URBAN DISTRICTS												
	Alfreton	Ashbourne	Bakewell	Belper	Bolsover	Buxton (Borough)	Chesterfield (Borough)	Clay Cross	Dronfield	Glossop (Borough)	Heanor	Ilkeston (Borough)	Long Eaton
No. of Dwelling Houses—Inspected	235	82	30	96	212	252	507	97	105	267	227	255	735
Found not to be fit in all respects	46	1	1	91	173	53	493	97	105	265	227	255	488
Found to be unfit for habitation	10	—	—	5	4	1	14	24	21	7	18	11	2
Rendered fit	138	45	1	73	149	65	371	80	61	242	205	—	33*
Subject of Demolition Orders	4	—	—	1	1	—	3	2	5	—	8	11	—
Demolished in pursuance of Demolition Orders	1	—	—	—	1	—	3	—	4	—	16	5	—
Subject of Undertakings	6	—	1	4	2	—	—	1	2	—	4	1	—
Subject of Closing Orders	—	—	—	—	—	1	—	—	—	—	—	—	2
No. of Improvement Grants approved by the Ministry	2	—	—	—	—	—	1	—	—	—	—	—	6
No. of Houses "Improved"	3	—	—	—	—	—	1	—	—	—	—	—	6
No. of Houses erected during the year by :— (*a*) Local Authority ..	122	61	24	40	89	40	245	62	40	34	82	217	170
(*b*) Private Enterprise	18	9	7	15	7	9	43	6	8	12	8	132	28
(*c*) Other Local Authorities ..	—	—	—	—	—	—	—	2	—	—	—	—	2

* Including 34 erected in Repton R.D.

RURAL DISTRICTS															
New Mills	Ripley	Staveley	Swadlincote	Whaley Bridge	Wirksworth	Ashbourne	Bakewell	Belper	Blackwell	Chapel-en-le-Frith	Chesterfield	Clowne	Repton	Shardlow	TOTAL
264	73	112	989	116	181	500	272	180	640	1017	635	2416	747	259	12,464
89	73	97	457	45	177	423	94	27	322	475	630	216	563	240	7,069
12	5	1	2	—	4	2	5	4	25	8	5	38	14	53	298
71	63	73	482	41	156	296	63	34	529	462	204	231	544	183	5,716
1	4	1	1	—	—	2	1	—	25	—	—	31	6	13	120
—	—	1	—	—	—	—	1	1	12	—	4	1	11	4	72
10	1	—	5	—	—	3	1	4	—	6	5	4	1	6	69
—	—	—	—	—	4	—	—	—	—	—	37	—	—	—	44
—	—	9	—	—	—	6	2	1	—	—	3	—	—	—	31
—	—	7	—	—	—	6	1	1	—	—	1	—	—	—	29
46	60	24	*69	9	56	6	39	107	130	62	340	132	31	224	2,606
2	16	11	13	2	5	13	12	27	12	11	83	10	22	98	653
—	—	—	—	—	—	—	1	—	—	—	1160	—	34	120	1,319

MIDWIVES' ACTS, 1902 - 1936.

The Midwives' Acts are administered by the County Council as the Supervising Authority for the whole of the Administrative County, including the Borough of Chesterfield.

Number of Midwives.—At the end of 1952 there were 200 midwives on the County Roll—eight were midwives in independent practice; five were midwives working in private Nursing Homes; Seventy-nine were midwives working in Regional Hospital Board Institutions; and seventy-three were Domiciliary Midwives and thirty-five were Home Nurse/Midwives employed by the County Council.

Records Received.—The following Table gives the records received, with corresponding figures for previous years :—

TABLE XI.

	1946	1947	1948	1949	1950	1951	1952
Records received :—							
Medical Help	1621	1603	1549	1225	961	657	510
Stillbirths	121	100	108	119	101	120	115
Deaths of Children ..	78	83	62	60	27	65	79
Deaths of Mothers ..	3	4	—	2	2	4	3
Laying out the dead ..	25	13	29	24	16	14	14
Liability to be a source of infection	100	85	48	40	52	46	91
Notification of Artificial Feeding (within 14 days)	204	216	177	265	309	360	403
Puerperal Pyrexia— Midwives' Cases ..	24	23	7	4	5	11	17
Ophthalmia Neonatorum— ALL CASES	14	10	6	7	7	7	3

PUERPERAL PYREXIA.

As was mentioned in my last report, the Puerperal Pyrexia Regulations, 1951, which came into operation on August 1st of that year, have altered the position with regard to this condition.

The new Regulations still required Puerperal Pyrexia to be regarded as a notifiable disease but with slight modifications, which included a revised definition of the condition. In effect the new Regulations applied Sections 144, 145 and 146 of the Public Health Act, 1936, to Puerperal Pyrexia, and at the same time amended Section 144 as applied to the disease, in the modified form set out below :—

"THE PUERPERAL PYREXIA REGULATIONS, 1951.

First Schedule.

Public Health Act, 1936.

Section 144—(1) When an inmate of any building used for human habitation is suffering from puerperal pyrexia every medical practitioner attending on, or called in to visit, that inmate (in this section referred to as "the patient") shall, as soon as he becomes aware that the patient is so suffering, send to the Medical Officer of Health of the district in which the building is situate a certificate in the form set out in the second schedule to these regulations.

(2) Any medical practitioner who fails to send a certificate which he is required by this section to send shall be liable to a fine not exceeding forty shillings ;

Provided that this section shall not apply in relation to a case which has been notified under any of the regulations revoked by these regulations."

Sub-Section (2) of Section 1, of the Regulations defines Puerperal Pyrexia as "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occured within fourteen days after childbirth or miscarriage." The reason for this emendation was that with the use of modern sulphonamide drugs and anti-biotics a case of Puerperal Pyrexia may so quickly respond to treatment that a raised temperature may occur on only one occasion and may not be continued or repeated as was required under the earlier definition. The effect of the Regulations will be a slight tightening up of the legal powers with regard to the notification of this condition.

The following Table shows the total number of cases of Puerperal pyrexia notified to me during the year 1952 and the case rate from this condition per 1,000 births :—

No. of cases of Puerperal Pyrexia.	*No. of Live Births and Still Births in Whole County*	*Case rate per* 1,000 *Births*
36	10,623	3.39

Ophthalmia Neonatorum.—The incidence of Ophthalmia Neonatorum during the year 1952 and the results of treatment are set out in the following Table :—

TABLE XII.

Notified	*Cases Treated*		*Vision Unimpaired*	*Vision Impaired*	*Total Blindness*	*No. of Deaths*
	At Home	*In Hospital*				
3	3	—	3	—	—	—

This Table has now been published for a good many years. The number of cases notified during 1952 shows a welcomed decrease after the figures had remained stationary since 1948. An opportunity has been taken to review the number of cases and the results of treatment over the past twenty years, and these are expressed below in tabular form.

TABLE XIII.

Year	*No. of Cases*	*Vision Unimpaired*	*Vision Impaired*	*Total Blindness*	*No. of Deaths*
1933	48	48	—	—	—
1934	36	32	2	1	1
1935	35	34	1	—	—
1936	32	31	—	—	1
1937	35	35	—	—	—
1938	29	24	1	—	4
1939	26	23	—	—	3
1940	17	17	—	—	—
1941	24	23	—	—	1
1942	29	29	—	—	—
1943	31	29	1	—	1
1944	23	22	—	—	1
1945	21	21	—	—	—
1946	14	13	—	—	1
1947	10	10	—	—	—
1948	6	6	—	—	—
1949	* 7	6	—	—	—
1950	7	7	—	—	—
1951	7	7	—	—	—
1952	3	3	—	—	—

* **Note**—One case transferred out of area.

Maternal Mortality.

The maternal mortality rate for the whole County for the year 1952 was 0.749 per thousand live and still births. The following Table gives the maternal mortality rate in the County since 1933. The figures up to and including the year 1947 exclude the Borough of Chesterfield.

TABLE XIV.

Year	*Rate*	*Year*	*Rate*
1933	4.34	1943	2.20
1934	4.51	1944	1.32
1935	4.51	1945	1.42
1936	3.27	1946	1.37
1937	3.89	1947	1.11
1938	3.65	1948	0.72
1939	2.15	1949	1.01
1940	2.47	1950	1.44
1941	2.57	1951	1.028
1942	2.43	1952	0.749

The Registrar-General makes available to local authorities, annual statistics showing the number of deaths occurring in the County under various headings. Up to 1950 two of these headings were entitled "Puerperal and Post-Abortion Sepsis" and "Other Maternal Causes" respectively. These statistics were used to estimate the maternal mortality rate per thousand live and still births, the figure in 1949 being 1.01 per thousand. From 1950 deaths under the above headings have not been categorised in the Registrar's returns, but have been replaced by a single item entitled "Pregnancy, Childbirth, Abortion."

The death rate under this heading for the year 1952 was 0.749 per thousand live and still births, which compares with figures of 1.028 and 1.44 for 1951 and 1950 respectively. This is a welcomed drop in this important statistical return, being the lowest since the new system was introduced in 1950. For the reasons given above the figure is not strictly comparable with the Maternal Mortality rates for 1949 and earlier years.

PUBLIC HEALTH ACT, 1936.

REGISTRATION OF NURSING HOMES.

The County Council acts as the Authority for the Registration of Nursing Homes under Sections 187 to 194 of the Public Health Act, 1936, for the whole of the Administrative County except the Boroughs of Chesterfield, Glossop and Ilkeston, the duties having been delegated to the Corporations of these Boroughs by the County Council under Section 194 of the same Act. Following a report after an inspection by a Medical Officer on the staff of the Health Department, consideration is given by the Weights and Measures and Miscellaneous Services Committee to the registration of premises for an approved number of maternity or general nursing beds.

The position on December 31st, 1952, regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below :—

Name and Address of Nursing Home	*Accommodation approved.*
Portland Nursing Home, "Craiglands," The Park, Buxton	15 Medical Cases.
Riber Dene, Starkholmes Road, Matlock	3 Medical Cases.
Willow Grove, Horsley Woodhouse	1 Medical Case.
Lone Oak Nursing Home, Church Side, Hasland	3 Surgical Cases.
Derby House Nursing Home, Broad Walk, Buxton	28 Medical Cases.
Ednaston Lodge, St. Mary's Nursing Home, Ednaston	12 Medical and Surgical Cases.
Dalton House, Broad Walk, Buxton	16 Medical Cases. (Provided that if more than 8 cases are admitted, not less than 4 S.R.N's. are employed).
Borrowash House, Borrowash, Derby	17 Unmarried Mothers.

TUBERCULOSIS SCHEME.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952.

These Regulations came into operation on the 1st May of the year under review, and attention is particularly drawn to article 5 which reads as follows :—

> "Every medical practitioner who forms the opinion from evidence other than evidence derived solely from tuberculin tests that a person is suffering from tuberculosis shall, as soon as he forms that opinion, send to the Medical Officer of Health of the district in which the person is living at the time a certificate in the form set out in the first schedule to these regulations."

Circular 6/52 dated the 18th April, 1952, accompanied the Regulations and it was thought advisable to set out below a relevant extract from it as it would enable a better appreciation to be obtained of the import of the Regulations.

> "They revoke and replace the Public Health (Tuberculosis) Regulations, 1930, which had become outdated and at variance with the present structure and operation of the tuberculosis services, but the requirement about notification itself remains, in effect, unaltered.
>
> In making the new regulations the Minister feels it opportune to refer to the powers of Local Health Authorities and other Local Authorities respectively with regard to tuberculosis. By Section 28 of the National Health Service Act, 1946, and direction given by the Minister under it, statutory responsibility for preventing tuberculosis and for the care and after-care of tuberculosis persons is placed upon County Councils and County Borough Councils. These Authorities must be enabled to the full to carry out the duties with which they have thus been charged, and must be regarded as the bodies predominantly responsible for the prevention of tuberculosis. At the same time Borough and District Councils have statutory functions as sanitary authorities, under the Public Health Acts, or as housing authorities, some of which may have an important part in preventing the spread of tuberculous infection. The Minister would emphasise that it is essential, in order to combat tuberculosis effectively, as well as in the interests of the individual patient and his family, that there should be the closest co-operation between both types of authority, with the object of avoiding any overlapping activities and of co-ordinating the exercise of their respective powers.
>
> The Minister recognises that Local Health Authorities, in fulfilling their responsibilities under Section 28 of the National Health Service Act, also need to receive every help from the hospital service, especially from physicians in charge of chest

clinics, and in particular that their Medical Officers of Health should have information from clinic records freely available to them. He is therefore asking Regional Hospital Boards to see that this help is everywhere forthcoming, and to impress on those in charge of chest clinics that it is their duty to provide a Medical Officer of Health with any information he may reasonably require for this purpose. The Boards have also been urged to see that the chest physicians concern themselves fully with the preventive and after-care aspects of tuberculosis work and treat these as of equal importance with their clinical duties.

The new regulations no longer require a Medical Officer of Health to keep a register of tuberculosis notifications. In the Minister's view he may naturally be expected to do so—and the Minister would urge that he should—in the same way that he keeps a record, for his own purposes and without any legal requirement, of notifications of other diseases. The provisions on this point in the 1930 regulations were necessary at that time because of the correlated requirement about supplying certain particulars to the County Medical Officer. These particulars have in practice come to be derived, for some years past, from the registers maintained at Chest Clinics. These remain the essential "tuberculosis registers," and what is said in paragraph 3 above is directed to ensuring the continued availability of the information contained in these registers to the Medical Officers of Health of Local Health Authorities responsible for the preventive and after-care sides of the tuberculosis service. As regards a record of notifications in themselves, again the County Medical Officer does not need to rely on the keeping of separate local registers by district Medical Officers of Health as mentioned above, since under the Tenth Schedule of the National Health Service Act, 1946, as amended by the Schedule of the 1949 Act, a copy of every tuberculosis notification has forthwith to be sent to the County Council.

The requirement contained in the 1930 regulations for providing information of a tuberculosis patient entering or leaving a sanatorium or hospital is also omitted from the present regulations. The Minister has, however, asked Hospital Boards and Committees to ensure that this information (as for any patient with a notifiable disease) is sent by the institution concerned to the Medical Officer of Health of the district to which the patient belongs; and he is taking this opportunity of drawing their attention again to the necessity for doing so.

So far as the Medical Officer of Health of the Local Health Authority is concerned the information finds its place in the chest clinic records available to him."

It will be seen that, broadly speaking, the cases to be notified are not changed by the above regulations, and it is anticipated that the numbers notified in future will be statistically comparable with those notified in the past.

The Ministry of Health circular may be said to consolidate and re-state the position of Local Health Authorities in their relationship with other bodies co-operating in the campaign against tuberculosis.

Notifications.

The total number of cases of tuberculosis reported through various channels during 1952 was 569, the figure for the previous year being 547. This represents an increase of twenty-two cases, and is the highest figure since 1949, when 592 cases were reported. Reference is made later in this section to this increased rate of notification and the possible causes.

On the other hand the number of deaths from this disease in 1950 was 172, in 1951 was 142 and in 1952 was 122, the last figure being the lowest that has ever been recorded in one year. The position is shewn clearly in the graph on page 42.

The figure of 569 new cases consists of 488 respiratory and eighty-one non-respiratory cases. A similar division of the 1951 total is 464 respiratory and eighty-three non-respiratory cases. It will be seen, therefore, that the rise in the number of cases has been due to an increase in the number of respiratory cases, which is what one would expect from the increasing facilities for diagnosis under the National Health Service Act, including the provision of more Mass Radiography Units.

Table xv analyses the new cases of tuberculosis in greater detail and divides them into respiratory and non-respiratory (males and females), as well as age groups.

TABLE XV.

NEW CASES OF TUBERCULOSIS REPORTED TO THE AUTHORITY DURING 1952.

Age Periods ..	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	*Total all Ages.*
Respiratory—														
Males	–	1	10	9	15	20	23	52	40	44	35	20	7	276
Females.. ..	–	1	9	20	5	27	36	66	19	15	4	9	1	212
Non-Respiratory—														
Males	1	2	5	5	2	5	2	2	2	2	2	2	–	32
Females.. ..	3	–	6	16	6	5	2	5	2	2	1	1	–	49
Total.. ..	4	4	30	50	28	57	63	125	63	63	42	32	8	569

Details of the clinical types of cases notified are shown in the following Table :—

TABLE XVI.

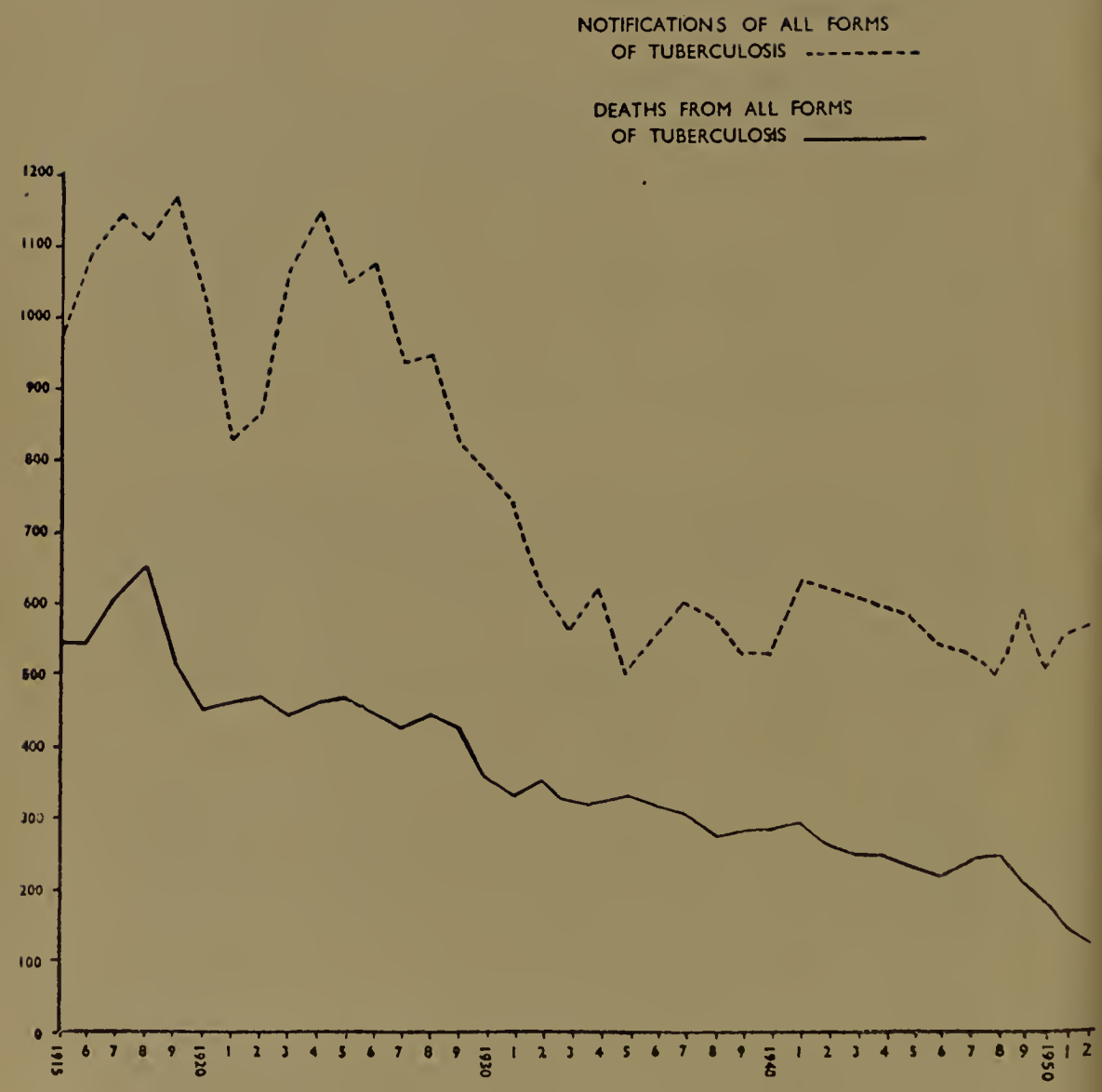
Pulmonary		488
Non-pulmonary :—		
Glands	22	
Meningitis	15	
Bones and Joints	20	
Abdominal	13	
Genito-Urinary	4	
Miliary	1	
Lupus	4	
Other Forms (unspecified)	2	
	——	81
Grand Total		569

A feature that immediately arrests attention in the above table is the relatively high incidence of the respiratory form of the disease in young children in the age groups "two to five," "five to ten," and "ten to fifteen," when compared with a similar table for 1951. Part of this increase, particularly in the middle age group mentioned, is due to an outbreak in a school, which happily appears to have produced no permanent ill effects, but which resulted in thirteen cases of tuberculosis, which probably can be attributed to a single cause.

There are, however, wider influences at play in these groups. The increase may be due to methods of diagnosis which detect the very earliest forms of tuberculosis, and which are being increasingly employed in paediatrics. It is felt, however, that vigilance will have to be exercised on the lower age groups to ensure that the increase at this level does not offset the valuable gains which have been made over the whole field of tuberculosis in recent years.

The Ministries of Health and Education, as well as the Home Office, are becoming increasingly concerned with this problem and this is shewn by the number of circulars that have been issued in recent years, and particularly during the year under review, designed to protect organised groups of children against the risk of infection by adults suffering from the disease. Further reference is made to this on page 110.

TUBERCULOSIS



DEATHS FROM TUBERCULOSIS.

The number of deaths attributable to tuberculosis occurring in the County, as recorded by the Registrar-General, is again the lowest on record, and shews a decrease of twenty as compared with 1951. The actual numbers of deaths for the last three years were as follows :—

TABLE XVII.

	1950	1951	1952
Respiratory	154	119	110
Non-Respiratory	18	23	12
	172	142	122

During the last five years the deaths from respiratory tuberculosis have decreased from 204 in 1948 to 110 in 1952, and the deaths from non-respiratory tuberculosis have decreased from thirty-nine to twelve.

The continued and striking reduction in the deaths from non-respiratory tuberculosis reflect a general improvement with regard to tuberculosis, and is not only due to an improvement in the milk supply, for, as has been pointed out on previous occasions, at least 70% of the deaths from non-respiratory tuberculosis are due to the human type of organism and not to the bovine variety transmitted by infected milk. The improvement in the milk supply, from the tuberculosis point of view referred to on page 19, must, however, have played a part.

The death rates per thousand of the population are as follows :—

	1950	1951	1952
Respiratory	0.22	0.17	0.16
Non-Respiratory	0.03	0.03	0.02
Total..	0.25	0.20	0.18

This figure of 0.18 deaths per thousand of population is the lowest on record for the County. The provisional figure for England and Wales supplied by the Registrar-General for 1952 is 0.24 deaths per thousand of the home population.

The Table below shows the notifications and deaths during the last ten years.

TABLE XVIII.

Year	*New Cases*	*Deaths*	*Year*	*New Cases*	*Deaths*
1943 ..	612	244	1948 ..	513	243
1944 ..	595	245	1949 ..	592	205
1945 ..	581	227	1950 ..	514	172
1946 ..	542	222	1951 ..	547	142
1947 ..	529	242	1952 ..	569	122

Request for Special Survey of Local Health Services provided under the National Health Service Acts.

In Circular 29/52 the Minister of Health has asked Medical Officers of Health of County and County Borough Councils to include in their Annual Reports for 1952 information on the Local Health Services. The Minister feels that it would be advantageous to central and local administrations alike if in every County and County Borough a special survey is made, as some years experience is now available of the work of these services as part of the National Health Service. The survey should not only include an account of these services as existing at the end of 1952, but also a general review of their working as part of the wider National Health Service. The Minister also requests particulars of the nature and results of the steps taken locally to link up the services with other parts of the National Service. The Minister requested that the report should be sent to his Department by the 28th February, 1953, i.e., without waiting for the completion of the rest of the report and its printing, but I regret that through pressure of work this has not been possible.

Actually the following report was forwarded to the Ministry on 19th May, 1953, apart from those sections marked with an asterisk, which have been drafted subsequent to the submission of the report.

GENERAL.

1. Administration.

(*a*) **Organisation.** The Derbyshire County Council, as required by Part II. of the Fourth Schedule of the National Health Service Act, 1946, established a County Health Committee in May, 1947. The membership of that Committee has varied from time to time, but the constitution of the Committee as at the 31st December, 1952, is set out on page 7.

The County Council has authorised the County Health Committee to exercise on its behalf any of its functions as a Local Health Authority, except the power to borrow money, to raise a rate, or to make nominations for appointment on outside Associations or bodies.

The main administrative organisation of the County Health Services is under the control and supervision of the County Medical Officer, although naturally certain matters will be dealt with locally by the appropriate officers at Clinics, Infant Welfare Centres, or in the patients' own homes. The County Medical Officer is assisted by a Deputy County Medical Officer and a Senior Assistant Medical Officer, but there are certain Assistant Medical Officers who are concerned, under the direction of the County Medical Officer, with decentralized supervision as well as work in connection with the School Health Service, attendance at Clinics, and such other duties as may be required.

The County Health Committee decided to set up three functional Sub-Committees to assist it in three aspects of its work, namely—those relating to staff and the Mental Health and Ambulance Services respectively.

The County Health Committee gave careful consideration to a scheme of divisional administration, but after consulting the various District Councils, and the implications of such a scheme, it was ultimately decided to reject the idea apart from in the Borough of Chesterfield, as it was thought from the standpoint of reasonable efficiency and economy that the services could be better administered directly from the County Offices.

The decision to form an Area Health Sub-Committee for the Municipal Borough of Chesterfield was based on :—

(1) Its population.

(2) Its experience as a Maternity and Child Welfare Authority, and

(3) Its experience as a Local Supervising Authority under the Midwives Acts.

The Area Sub-Committee consists of six County Council members, and six Corporation members. The list of members as at 31st December, 1952, is set out on page 8.

Briefly the functions of the Area Sub-Committee are as follows :—

To manage (subject to the direction and control of the County Health Committee) the day-to-day administration within its area of the following Services under the Act of 1946 :—

(i) The care, including dental care, of expectant and nursing mothers and of young children (S.22).
(ii) Midwifery (S.23).
(iii) Health Visiting (S.24).
(iv) Home Nursing (S.25).
(v) Vaccination and Immunisation (S.26).
(vi) Arrangements for the prevention of illness, care and after-care, excluding venereal disease, mental illness and mental defectiveness (S.28).
(vii) Domestic help (S.29).
(viii) Health education.
(ix) Health Centres (S.21).

The Sub-Committee is empowered to make proposals to the County Health Committee from time to time for any extension of the Health Services in the Borough, or on any matter affecting their efficiency. The Sub-Committee is authorised to appoint Staff within an establishment, at salaries and on conditions of services approved by the County Health Committee.

The Town Clerk of the Borough acts as Clerk to the Sub-Committee subject, of course, to the general administrative control of the Clerk of the County Council. The Borough Treasurer acts similarly under the general direction of the County Treasurer, and submits to the Sub-Committee estimates of expenditure on revenue account as well as capital account, and prepares and submits to the County Treasurer such forecasts, information and estimates, as may reasonably be required.

The Medical Officer of Health for the Borough is appointed in a part-time capacity to the staff of the County Medical Officer with the designation of "Area Medical Officer for the Borough of Chesterfield," for the purposes of the functions of the Sub-Committee, and, of course, acts under the direction of the County Medical Officer.

The Area Medical Officer's duties include the following :—

(*a*) Advising the Sub-Committee on all matters in connection with the Health Services as set out above.

(*b*) Being responsible within the Borough for the day-to-day administration of the Health Services, subject to the control of the Sub-Committee and the County Health Committee.

(*c*) Carrying out such additional duties as may be assigned to him.

A fifth Sub-Committee has been established which deals with matters which are the concern of the Health as well as the Education Committee, which is known as The Joint Medical Services Sub-Committee. The members of the Health Committee that serve on this Sub-Committee are shown on page 7.

(*b*) Joint arrangements with other Local Health Authorities.

Arrangements were made with the Leicestershire County Council, in order to avoid delay in dealing with emergency cases living in either Derbyshire or Leicestershire, whereby whichever Nurse in Leicestershire or Derbyshire receives a call she will deal with the case forthwith. If necessary, the case is referred to the appropriate Local Health Authority's Nurse subsequently. No charge is made for this service, as it is based on the "knock for knock" principle. A temporary arrangement was made with the Cheshire County Council to visit a small area in that County, for which a charge of 1/6d. a visit was made, but this was terminated in September, 1950.

Reciprocal arrangements have been made with neighbouring Local Health Authorities for dealing with emergency ambulance transport, but in addition special arrangements have been made in the interests of economy and efficiency for mutual aid for urgent as well as non-urgent cases, under which the Cheshire County Council does some work for Derbyshire in the Glossop area, and the Derbyshire County Council does some work for Cheshire in the Disley area. Likewise, along the Staffordshire and Derbyshire border, we do some work for Staffordshire, and Staffordshire does some work for us. A similar arrangement exists with Leicestershire and Nottinghamshire.

In the case of an area in the County adjacent to Sheffield, the Sheffield Corporation provides ambulance transport for which payment is made. As far as dealing with emergency cases is concerned, this has been dictated by the operational telephone areas, and as a consequence some parts of the County are dealt with by the Sheffield Ambulance Service, although it should be stated that certain parts of Sheffield are dealt with by the Derbyshire Ambulance Service, as the areas are covered by telephone operational controls which are located in Derbyshire.

2. Co-ordination and Co-operation with other parts of the National Health Service. Members of the Local Health Authority serve on the Regional Hospital Board, Hospital Management Committees and the Local Executive Council and a Consultant and a General Practitioner, as well as the Chairman of the Local Executive Council, serve on the County Health Committee and this helps to secure better co-ordination.

Latterly, Midwives, Nurses and Health Visitors have been instructed, on appointment, to introduce themselves to the General Medical Practitioners practising in their area for which they are responsible as this enables better co-operation to be achieved in the care of patients receiving treatment.

The County Medical Officer serves on the Local Medical Committee which is a statutory committee under the National Health Service Acts. He meets there members of different branches of the medical profession, as the committee consists of General Practitioners as well as Consultants from the Hospital Service.

Various methods have been suggested for achieving better co-ordination and co-operation with other parts of the National Health Service such as :—

(1) Regional Conferences of representatives of the Regional Hospital Boards, Local Health Authorities and Executive Councils ;

(2) Meetings of Representatives at local level, such as the geographical county of Derby ;

(3) The establishment of Area Co-ordinating Committees of Officers.

Regarding (1), this would be a very large meeting, and it is doubtful whether it would be of much advantage when it is realised that the County Council has representatives already on the Regional Hospital Board, Hospital Management Committees and the Derbyshire Executive Council. Furthermore, it is difficult to visualise a regional body comprising all the interests concerned meeting regularly. It is thought that not much co-ordination is achieved unless frequent meetings can take place.

Regarding (2), there might be some point in representatives from Hospital Management Committees, Local Executive Councils and Local Health Authorities meeting ; but really it is doubtful whether there is much in that point having regard to the representation of the County Council on the Hospital Management Committees, and the Derbyshire Executive Council.

Regarding (3), in my opinion the greatest need of all is for close administrative co-operation between Officers. In this County this has largely been achieved by the setting up of the Derbyshire Medical Co-ordinating Committee, which has a membership of twelve, representing the Sheffield Regional Hospital Board, the Hospital Management Committees, the Local Medical Committees, and the Local Health Authorities, namely, in this geographical county, Derby County

Borough and the Derbyshire County Council. Although this Co-ordinating Committee was constituted in only December 1950, it has already done good work and is assisting in the day-to-day administration of the health services.

Under existing leglislation, in my opinion a continuation of the system under (3) would be the best way of ensuring the co-ordination and co-operation which are so necessary. This is an experiment which was started by the Sheffield Regional Hospital Board which might well be extended with advantage to all other Regions in the Country. These co-ordinating Committees will be most successful if goodwill is shown on all sides because there is nothing that brings such good results as team work. After all, the various components operating the National Health Service Act should be regarded as complementary and not competitive, and have only one object in view—to bring about a diminution of human suffering.

Administratively, the National Health Service operates by means of a tripartite organisation—namely, Regional Hospital Boards with assistance of Hospital Management Committees; Local Executive Councils; and Local Health Authorities—and probably the main difficulty in the operation of the Act is a certain degree of lack of co-ordination between these bodies; but this varies considerably from county to county and from district to district. However, this often derives from lack of knowledge of their respective powers and duties. With this in mind, the Derbyshire County Council issued a Handbook in March 1951 setting out the various services that it was empowered or required to provide, which was forwarded to all Doctors, Dentists, Nurses and Midwives practising in the County, as well as to various Officers giving service in the hospital sphere.

3. JOINT USE OF STAFF.

General Practitioners employed part-time. In the Chesterfield area a general practitioner is employed on a sessional basis to act as Medical Officer to one of the Infant Welfare Centres which is held weekly. At Glossop a practitioner with special experience in midwifery is employed on a sessional basis to conduct the Ante-natal clinic.

Medical Officers of the Authority working part-time in Hospital. One of our Maternity and Child Welfare Medical Officers worked part-time at Darley Hall Maternity Home, but she left the service of the Council on 26th September, 1951. Since then the work at the maternity home has been performed by general medical practitioners working in the area—in other words it has now become an "open" maternity home for doctors. I think there is much to be said for not only general practioners but local authority medical officers working part-time in the hospital service. By observing each others methods and listening to each others views nothing but good could result, as the exchange of ideas is a great stimulant to progress. It is, however, not easy to arrange in a County area without the officers concerned being resident in the maternity units "to take the rough with the smooth" for periods throughout the twenty-four hours of the day.

Many of the Local Authority Officers these days are married women with families, and while they are able to offer their services for sessions during the day-time, insistence on night work at a maternity unit for periods away from their own homes could not be reasonably enjoined. It is important these days that we make the best use of trained man and woman power, and we should not therefore reject out of hand the services of married women to staff our clinics. Speaking generally, I think their marital experience is much appreciated by the mothers at the clinics when advice is offered regarding themselves or their children, because the voice of experience is always more effective than that of theory.

Regional Hospital Board Medical Staff working in the Local Authority's Service. The only Officers employed by the Regional Hospital Boards who work in the Authority's service under the National Health Service Act are Chest Physicians and in these cases the Authority pays 3/11ths of their salaries in consideration of their work in the care and after-care and prevention of tuberculosis. There are a number of officers who work in Clinics provided by the Authority, such as Ophthalmologists and Orthopaedists, but they are not working in the services provided by the Authority under the National Health Service Act.

Ante-Natal Clinics. At the Ilkeston clinic, sessions are conducted by specialists in the employ of the Sheffield Regional Hospital Board and no part of their salaries is paid by the Authority though the clinic is administered by the County Council.

4. VOLUNTARY ORGANISATIONS.

Use is made of the services provided by a number of voluntary organisations, and details are given below :—

British Red Cross Society. This Society has been of considerable assistance, particularly in the early stages of the service, in supplementing the sick room equipment required in the Home Nursing Service, in consideration of which the County Council has made an annual grant.

Central Council for Health Education. Exhibition Stands for the display of health topics have been obtained from this body. The topics are renewed as required, and are exhibited at the Clinics, etc. Leaflets on various subjects are also obtained.

Derby Diocesan Council for Moral Welfare. Arrangements have been made for this body to admit an unmarried mother approximately one month before the expected date of delivery of her child and, after confinement in a Maternity Unit, for approximately another two months. This arrangement is subject to review in special circumstances.

Joint Committee of the British Red Cross Society and the St. John Ambulance Brigade. At the inception of the Ambulance Service this Joint Committee acted as an agent of the County Council in providing an Ambulance Service at Chesterfield as well as Derby.

The arrangements as far as the former area is concerned, terminated on 10th October, 1948, but in the case of the latter, the Committee have kindly agreed to continue to operate the Service until such time as the County Council can establish and staff a twenty-four hour Station at Mickleover, near Derby.

National Association for Maternity and Child Welfare. The Authority is affiliated to this Association, which is concerned with the care of mothers and young children.

National Association for Mental Health. This Association has been of assistance to the County Council in the past by arranging courses of instruction in Mental Deficiency, which have been attended by Medical Officers of the Council with a view to their being approved as Certifying Officers under the Mental Deficiency Acts. The Association has also been instrumental in arranging short term accommodation for several urgent cases.

Guardianship Society. There are only four Mental Defectives subject to "Guardianship Orders"but of these only one resides in the County—the remainder live near the south coast and are under the supervision of the Guardianship Society at Brighton.

The Royal Society for the Prevention of Accidents. This Society plays a valuable part in the prevention of accidents in issuing posters, "Safety News," the "Home Safety Bulletin," leaflets, pamphlets, etc.

National Society for the Prevention of Cruelty to Children. The help of this Society is sought in appropriate cases.

National Association for the Prevention of Tuberculosis. This Association, which is a body dedicated to research, propaganda and education, continues to perform useful work in connection with the care and after-care of persons suffering from tuberculosis.

5. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Expectant and Nursing Mothers. Twenty-three Ante-Natal Clinics are maintained by the Authority—seven in Municipal Boroughs, thirteen in Urban Districts, and three in Rural Districts. Twenty-one of the clinics are conducted by the County Council's Maternity and Child Welfare Medical Officers, and the remaining two by Consultant Obstetricians provided by the Regional Hospital Board. Health Visitors are in attendance at each clinic, and during the past year a rota has been arranged so that one of the Authority's domiciliary midwives is also in attendance. No clinics are conducted under the Authority's arrangements by general practitioners in their own premises. Arrangements are made for the collection of blood from all patients, so that A.B.O. group typing and Rh. typing, as well as serum tests for Syphilis, may be performed. All these facilities are available to both married and unmarried mothers.

Maternity Outfits are stocked at all Ante-Natal Clinics, and are provided free of charge to women who are to be confined at home, on the production of a recommendation signed by either the patient's own Doctor, the Medical Officer at the Ante-Natal Clinic or the Midwife booked for the confinement. Each Outfit contains the following articles, which were listed as minimum requirements in the Appendix to Circular 99/50 issued by the Ministry of Health :—

12 Extra large sterilized Maternity Pads ;
12 Large sterilized Maternity Pads ;
1 Sheet Tarred Paper 30″ x 36″ ;
1 Gamgee Sheet 24″ x 24″ ;
4 2 oz. packets Cotton Wool ;
3 Cord Ligatures ;
1 ½ oz. packet Sterilized Cord Powder ;
6 5″ x 5″ Umbilical Cord Dressings.

The Maternity Pads are separately wrapped and the whole of the contents packed in a sealed carton. All domiciliary midwives in the employ of the Autpority have been issued with an outfit for use in an emergency.

An idea of the extent of the attendances at the clinics can be obtained from the following figures :—

	1948	1949	1950	1951	1952
Number of new cases attending during the year.	5,552	5,824	5,159	4,663	4,467
Number of new cases expressed as a percentage of all new births . .	47.2	49.1	45.7	43.0	42.1

Only two Post-Natal Clinics, as such, are provided by the Authority, but cases are seen post-natally at ante-Natal Clinics.

It has not been found necessary to arrange for consultant or any special clinics to be held. On ethical grounds it is thought preferable that patients be referred to their own Doctors who, if they are agreeable, may refer them to consultant or any special clinics organised by the Regional Hospital Board. No arrangements have been made by the Authority so that assistance is given at any clinics held by general practitioners in their own premises.

Mothercraft training is given to the patients attending the clinics, individually or in groups, but this is dependent on the numbers attending the clinic, the accommodation available, or whether or not the Health Visitor concerned has a flair for group teaching. If time is available, individual teaching is probably the best, and generally I think Health Visitors favour this course. The Director of Education has kindly allowed some of the Rural Domestic Economy Instructresses employed by the Education Committee to assist with this work, particularly in connection with household subjects.

Ante-Natal Scheme.

Ante-Natal Clinics.

The County Council, as Local Health Authority, provides twenty-three Ante-Natal Clinics, details of which are set out below.

ALFRETON ..	County Clinic, Grange Street, Each Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
ASHBOURNE ..	Maternity Home, Green Road. Each Thursday, 9 a.m. to 12.30 p.m. and 1.30 to 4 p.m.
BELPER	The Cedars, Field Lane, 1st and 3rd Mondays, 9 a.m. to 12.30 p.m.
BOLSOVER ..	County Clinic, Welbeck Road. Each Friday, 9 a.m. to 12.30 p.m.
BUXTON	Child Welfare Centre, Bridge Street, Buxton. 1st Tuesday, a.m. and p.m. 3rd Tuesday, 1.30 to 4 p.m.
CHESTERFIELD	County Cases—Maternity Home. Each Wednesday, 10 a.m. to 3 p.m. Borough Cases—Maternity Home. Each Thursday, 10 a.m. to 12 noon and 2 p.m. to 4 p.m. Each Friday, 2 p.m. to 4 p.m. Edmund Street. Each Tuesday, 2 p.m. to 4 p.m. 1st, 3rd and 4th Tuesdays, 10 a.m. to 12 noon.
CLAY CROSS ..	County Clinic, High Street. Each Monday, 9 a.m. to 12.30 p.m.
DERBY	County Clinic, Walker Lane. Each Tuesday, 9 a.m. to 12.30 p.m. and 1.30 to 4 p.m.
DRONFIELD ..	The Grange. 1st and 3rd Friday, 1.30 to 4 p.m.
ECKINGTON ..	Wesleyan School. 1st and 3rd Thursday, 9 a.m. to 12.30 p.m. and 1.30 to 4 p.m.
FRECHEVILLE ..	County Clinic, Fox Lane. 2nd and 4th Monday, 9 a.m. to 12.30 p.m. and 1.30 to 4 p.m.
GLOSSOP.. ..	Municipal Buildings. 1st Wednesday, 3.30 p.m. to 4.30 p.m.
HEANOR	County Clinic, Wilmot Street. Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 to 4 p.m.
ILKESTON ..	County Clinic, Albert Street. Each Monday, 2 to 4 p.m.
LONG EATON ..	4, Nottingham Road, Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 to 4 p.m.
MATLOCK ..	Dean Hill House, Causeway Lane. Each Thursday, 9 a.m. to 12.30 p.m.
NEW MILLS ..	High Lea Hall. 3rd Tuesday, 10.30 a.m. to 12 noon.
RIPLEY	Cottage Hospital. 2nd and 4th Fridays, 1.30 to 4 p.m.
SHIREBROOK ..	Cliff House, Church Hill. Each Monday, 1.30 to 4 p.m.
STAVELEY ..	County Clinic, Lime Avenue. 2nd, 4th and 5th Thursdays, 9 a.m. to 12.30 p.m. and 1.30 to 4 p.m.
SWADLINCOTE	County Clinic, Alexandra Road. 2nd and 4th Tuesdays, 9 a.m. to 12.30 p.m.

The following are the number of sessions and attendances at these Clinics during 1952 :—

Half-day Sessions	1,386
Number of new Cases	4,467
Total number of attendances	19,124
Post-Natal visits	580

Enquiry into Virus Infections during Pregnancy.

In 1950, the Ministry of Health asked for the co-operation of Medical Officers of Local Health Authorities in an enquiry which they were conducting into virus infections during pregnancy. The purpose of the inquiry was to compare the risk of congenital defects occuring among children—(*a*) born of women who suffered from Rubella, measles, mumps, chicken-pox, or poliomyelitis, at some time during pregnancy, and (*b*) born of other women.

The enquiry was conducted forward from the expectant mother to the child, and the mother was selected for follow-up before the child had been born. Two groups of expectant mothers were selected—(*a*) those who on first coming under ante-natal supervision had already had a virus infection during that pregnancy or suffered an attack during the subsequent course of the pregnancy, and (*b*) a control series selected on first reporting for ante-natal supervision who had not had a virus infection. The actual selection of cases was completed by December, 1952, but the enquiry will proceed until all the children selected have reached the age of two years. A total of eighty cases was selected in this County, i.e., sixty control cases and twenty virus infection cases.

Child Welfare. In July, 1948, the County Council provided sixty-five Infant Welfare Centres, and, in addition, seven were conducted under voluntary auspices. During the period under review a further seventeen Infant Welfare Centres have been opened, and six of the voluntary centres have been taken over by the Authority. The majority of these centres are regularly attended by one of the Maternity and Child Welfare Medical Officers or one of the Assistant School Medical Officers who are also Assistant Maternity and Child Welfare Medical Officers. In addition to the medical staff, Health Visitors are in attendance at the centres at each session.

Attendances at the centres during the past five years are set out below :—

	1948	1949	1950	1951	1952
Number of children who first attended an Infant Welfare Centre during the year :—					
Under one year of age ..	6,090	6,516	6,051	5,923	6,024
Over one year of age ..	512	627	421	439	437
Number of first attendances at Infant Welfare Centres expressed as a percentage of notified live births	57.4	61.6	58.6	59.9	60.9

Infant Welfare Centres.

During 1952 the Council opened a new Infant Welfare Centre at the Parish Hall, Whitwell. The Centre at Chapel-en-le-Frith was closed on the 11th September, 1951, as the Authority was given "notice to quit," and it was some considerable time before suitable alternative accommodation could be found. Ultimately the centre re-opened on the 13th March, 1952. The centre at Overseal was closed temporarily in April, 1951, due to damage to the building caused by mining subsidence and the consequent danger to mothers and young children from falling plaster. Certain repairs have since been carried out, and the centre was re-opened on December 5th, 1952. The Centre at Ockbrook was closed on the 9th May, 1952, as it was thought that the area could be more suitably served by a centre at the Women's Institute, Borrowash, which opened on the 19th May, 1952.

The following are the number of sessions and attendances at County Council centres during 1952 :—

Half-day sessions	4,038
Number of new cases—	
Under one year of age	6,024
Over one year of age	437
Total number of attendances—	
Under one year of age	76,019
Over one year of age	31,357

Care of Premature Infants (i.e. Babies weighing 5½lbs or less at birth). In accordance with the County Council's proposals under the National Health Service Act, arrangements were made to follow, as far as practicable, the recommendations contained in the Ministry of Health's Circular 20/44 regarding the care of premature infants.

The Authority has provided sets of equipment for the domiciliary nursing of premature infants. Sets are issued on loan free of charge except in the case of damage or breakages. The equipment is issued in units as follows :—

1. One Cot Set consisting of :—
   - (*a*) One Cot.
   - (*b*) Two Cot Ends
   - (*c*) Four Rails.
   - (*d*) Four Lining Rods.
   - (*e*) One Tray.
   - (*f*) One Box.
   - (*g*) One Key.
2. Two Cot Linings.
3. One Cot Mattress.
4. Four Cot Blankets.
5. One Feeding Bottle.
6. One Mucus Catheter.

7. Two Hot Water Bottles.
8. Two Hot Water Bottles Cover.
9. One Mackintosh Sheet.
10. One Thermometer.
11. One Set of Premature Infant Clothing comprising :—
    (*a*) Two Vests.
    (*b*) One Gown without hood.
    (*c*) Two Gowns with hoods.

The units are stored at the County Offices, St. Mary's Gate, Derby, and at the County Clinic, Brimington Road, Chesterfield, and are issued by the appropriate Supervisor of Midwives and Home Nurses if contacted at home or at those premises. In addition units are available for Chesterfield Borough on application to the Area Medical Officer.

The Authority's Maternity and Child Welfare Medical Officers, Health Visitors, Midwives, Nurse-Midwives and Home Nurses as well as Midwives in private practice have all been acquainted with the facilities provided.

Premature infants are, of course, sometimes born at home, and at other times in Hospital. The responsibility for providing the appropriate statistics rests with the Local Health Authority in the former case, and with the Hospital Authorities in the latter. In order that there should not be a wasteful duplication of effort, arrangements have been made by which all premature children born in Hospital or at home are followed up, and a report made to the appropriate Authority, so that they may be aware whether the child is still alive on the 28th day after delivery. On the whole the arrangements have worked reasonably well, but it would be preferable for one Authority rather than two to be responsible for the follow-up arrangements. This, in fact, will be done from the beginning of 1953, in view of the terms of Circular 37/52 issued by the Ministry of Health on the 31st December, 1952.

* The Ministry of Health require Local Health Authorities to provide statistics about premature babies born at home or in private nursing homes, and similar statistics are required concerning babies discharged from Hospitals or Maternity Homes before the 28th day. Information regarding the subsequent history of these cases is obtained through the Council's Health Visitors, and the appropriate statistics are forwarded to the Ministry of Health.

The total number of premature infants notified during the year (including transferred notifications), whose mothers normally reside in the Authority's area, was 702 :—

Born at home	224
Born in hospital or nursing home under the National Health Service	442
Born in private nursing homes.	36

Of the 224 who were born at home, sixteen were transferred to hospital, and of the remainder :—

10 died in the first twenty-four hours ;
3 died on the second to the seventh day ;
3 died on the eighth to the twenty-eighth day ;
192 survived twenty-eight days.

Of the thirty-six who were born in private nursing homes :—

2 died in the first twenty-four hours ;
1 died on the eighth to the twenty-eighth day ;
33 survived twenty-eight days.

The Council's Home and Domestic Help Scheme is available for premature infants, provided the need is certified by the doctor attending the case.

Supply of Dried Milks, etc. Arrangements have been made with the Ministry of Food by which the Government Welfare Foods, for which they are responsible for arranging distribution, might be distributed at the Council's Infant Welfare Centres provided they are issued at times when the premises have been rented for Infant Welfare Centre purposes. If, however, the day and time of the Infant Welfare Centre does not coincide, it is the responsibility of the Ministry of Food to make their own arrangements, as it will be appreciated that the large majority of premises used as Infant Welfare Centres are rented on a sessional basis and are not owned by the County Council.

The County Council also supplies certain other dried foods and nutrients, which are sold at cost price, as well as Fersolate and Osteocalcium tablets.

Dental Care. The following arrangements have been made for the dental care of expectant and nursing mothers and pre-school children, so far as the present limited dental staff permits :—

At her first attendance at an ante-natal clinic every expectant mother is informed that she may receive a dental examination and free dental treatment by a Dental Officer on the Council's staff at the nearest dental clinic. Expectant mothers who for any reason have not received a dental examination under this arrangement, and nursing mothers up to nine months following their confinements, may be referred for dental treatment by the Maternity and Child Welfare Medical Officer. As part of the treatment, dentures are provided, replaced or repaired, free of charge. The Authority may however, recover the cost of replacement or repair of any dental appliance supplied as part of the Authority's dental service if it is determined that the replacement or repair is necessitated by lack of care on the part of the person supplied. Pre-school children attending infant welfare centres are referred to the Dental Officer by the M. and C. W. Medical Officer if dental treatment is thought to be necessary.

In the event of an X-ray examination being considered desirable, facilities are available at the Derbyshire Royal Infirmary and the Chesterfield Royal Hospital.

Mr. Gray, the Chief Dental Officer, has provided the following report:—

(*a*) **Expectant and Nursing Mothers.** As in previous years, lack of staff prevented any routine system of inspection and treatment of the expectant and nursing mothers attending ante-natal clinics. Where the medical staff thought it necessary, the patients were advised to seek treatment under the National Health Service. In a few instances, where mothers could not get attention by local practitioners, and clinical facilities happened to be available, treatment was given at the expense of school children, but it was not comprehensive.

The following figures (with those for 1951 in parentheses) show the work of this section of the dental service :—

Total Attendances	31 (74)
Number Examined	13 (31)
Number Treated	14 (one carried over from 1951) (30)
Number made Dentally Fit	1 (14)
Number of Fillings	Nil. (12)
Number of Extractions	34 (65)
Number of General Anaesthetics Administered	11 (10)
Other Operations, Scaling and Gum treatment	6 (78)
Number of dentures supplied	2 (11)

A general anaesthetic was only used where the ante-natal doctor certified that the patient was in a fit state, and was administered by one of the school medical officers ; otherwise local anaesthetics were given.

The denture work was carried out in a private workshop to the specifications of the dental officers.

(*b*) **Pre-School Children.** No special times were set apart for dealing with the pre-school children—they were treated along with the school children. They attended the clinics as casuals or as the result of requests from parents for treatment or advice. A small number received treatment in consequence of the six monthly inspections of the Day Nurseries.

The big majority of these children required extractions for the relief of pain or sepsis, and wherever possible, this was done at the first visit to the clinic. Where a general anaesthetic was necessary, this often meant a wait of two or three weeks. Many of the very urgent cases of acute sepsis were dealt with immediately, using ethyl chloride as a local anaesthetic.

Nearly all the treatment was of a destructive nature. There was little other choice as the lesions had long since passed the stage of conservation.

In a limited number of cases, a small amount of conservative work was done, and in others, partly decayed teeth were treated with silver nitrate and given self cleansing surfaces in an effort to prolong their usefulness and the function of maintaining alveolar space for their successors.

The dentitions of the children in the Day Nurseries were good. The few referred at the inspections, only required treatment of a minor nature and extractions were seldom indicated.

The following table gives details of the work done compared with that for 1951 in parentheses :—

Total Attendances	1,316	(1,463)
Number Treated	933	(1,006)
Number made Dentally Fit	129	(187)
Number of Fillings	79	(58)
Number of Extractions	1,428	(1,643)
Number of General Anaesthetics Administered	469	(528)
Other Operations—		
Silver Nitrate Treatment	802	(1,125)
Dressings	102	(64)
Miscellaneous	10	(4)
Total	914	(1,198)

Retrolental Fibroplasia.

During the past few years an increasing number of cases of retrolental fibroplasia in premature infants resulting in blindness or serious impairment of vision, has been reported in this country. There is, however, no accurate information as to incidence. In October, 1952, the co-operation of Medical Officers of Health throughout the country was sought by the Ministry of Health, to carry out a wide survey which it was hoped would throw light on the incidence and distribution of this disease. The enquiry included all the premature babies born in 1951 weighing up to 4lb. 6ozs. at birth, and surviving two months or more. It is hoped that the pooled information from all areas will provide a record of (*a*) the number of smaller premature infants born in 1951 who survived long enough for retrolental fibroplasia to develop, and (*b*) the number of these who now have visual defect sufficiently severe to be obvious to parents and Health Visitors, together with the distribution geographically and by weight groups, type of care, etc.

In all, ninety-five premature infants in this County were included in the enquiry. Statements about the children's eyes and eyesight were obtained by the Council's Health Visitors, and the necessary information was passed to the Ministry of Health. The results of the enquiry are not yet to hand, as further reports from Consultants, General Practitioners, etc., are being obtained in certain cases.

NURSERY PROVISION FOR CHILDREN UNDER FIVE.

The Council's five Day Nurseries at Chaddesden, Glossop, Ilkeston and Long Eaton continued to operate satisfactorily throughout the year.

Provision of Additional Day Nurseries.

No new Nurseries were provided during 1952. I wrote at some length in my report for 1951 of the present position at Chaddesden, Ilkeston, Long Eaton and Glossop. Approval in principle has been received from the Planning Authority to the erection of a Nursery at a site in Willowcroft Road, Spondon, subject to suitable plans being submitted. It should be stressed that this means that a site has been ear-marked by the Planning Authority for the erection of a Nursery, and it is not anticipated at the moment that immediate steps will be taken for building to commence.

In the case of Glossop, similar approval has been sought, and this is still awaited in early 1953.

The County Health Committee's decision to increase the charges at Day Nurseries, as well as the fluctuating demand for female labour, may, of course, necessitate the Committee reviewing the demand for Day Nursery services throughout the County. It has been noticed, particularly in the Ilkeston area, that the waiting lists at the Nurseries, which have remained high for many years, have now started to decrease.

Nursery Student Training.

All five County Day Nurseries are recognised for practical training of Nursery Students for the National Nursery Examination Board's Certificate, in the full age groups 0-5 years. Thirteen Students completed their two-year course of training in September, 1952, and eleven were successful in gaining the Certificate of the National Nursery Examination Board. At the end of the year there were twenty-five Students in training.

Charges to Parents.

The National Health Service Act, 1952, which came into operation on 29th May, 1952, empowers Local Health Authorities to charge, in the case of Day Nurseries, for the whole of the service provided, and it was decided to increase the cost from 2/- to 3/- per child per day, as from 1st September, 1952. The aggregate cost of maintaining a child in a County Day Nursery during the year ending 31st March, 1952, was 8/11d. per day.

Since the end of the year, the position has been further reviewed as a result of the receipt of Circular 23/52 of the Ministry of Health. As from 1st February, 1953, it has been decided to increase the standard charge to 5/- per day, and that this charge be reviewed in July, 1953. Provision has been made for application, in case of hardship, including that due to more than one child attending the Nursery, for a reduction in this charge, the minimum charge to be not less than 3/- per day per child.

Medical and Dental Inspection.

Regular inspections at Day Nurseries are the special duty of the Chief Dental Officer, who visits on an average, twice a year. Medical inspections are arranged at regular intervals, but owing to the shortage of staff, it has not been possible to carry out this branch of the service as fully as was originally anticipated. Reports of the Chief Dental Officer and the visiting Medical Officers have been generally satisfactory.

Protection of Children from Tuberculosis.

Group X-ray examinations of the chest were carried out on all staff of Day Nurseries during the year. New members of the staffs have this examination prior to commencing duty and annually thereafter, as this is now made a condition of appointment. These examinations are in accordance with the Ministry of Health Circular 64/50, dated 3rd July, 1950, which implements recommendations of the Joint Tuberculosis Council regarding the protection of organised groups of children against the risk of infection by adults suffering from tuberculosis.

Nursery Staff—Conference.

The County Health Committee agreed to Matrons of Day Nurseries attending a Conference in London on 22nd November, 1952, the subject being "Health and Social Eductaion in the Training and Non-Training Nurseries." Three Nursery Matrons attended the Conference.

DAY NURSERIES.

Chaddesden Day Nursery.

The average number of children on the register throughout the year was forty-two, and the average daily attendance 31.4. The number of children on the waiting list on 31st December, 1952, was 128. During the year, thirty-four children left the Nursery and twenty-nine were admitted.

The Matron, in her report, states that although the waiting list numbers 128, approximately four mothers are notified before a vacancy is accepted. Often when the vacancy occurs, the home circumstances have improved and the Nursery facilities are no longer needed. The majority of children admitted are aged about seven months, and leave the Nursery when they are admitted to school.

Priority on the waiting list is given to children of widows, unmarried mothers, separated parents and mothers living in one room. It has been the practice, when possible, to admit, for short periods, children of mothers who have been admitted to hospital.

The Matron states the attendances have been quite good, apart from school holiday periods, when the older children are able to look after the younger ones.

During the year there have been six cases of mumps, five cases of whooping cough, three cases of impetigo and eighteen cases of measles. The outbreak of measles, which commenced in November, was not unexpected as an epidemic was occuring at the time in the general population in the Chaddesden area. Apart from the above, the health of the children has been excellent.

A great improvement was made in the appearance of the kitchen when the ceiling was painted in August. All the Nursery equipment is in good order.

The Matron remarks upon the appreciation shown by the mothers for the care and attention given to their children in the Nursery.

The visits of the members of the County Health Committee have been greatly enjoyed by the Matron, and she has appreciated the interest shown in the welfare of the children and staff.

Long Eaton Day Nursery.

The average number of children on the register during the year under review was 55, and the average daily attendance was 43.6. On 31st December, 1952, there were 134 children on the waiting list.

During the year, 33 children left the Nursery and were replaced by 32 new admissions. The vacancies which occur from time to time are filled by the most deserving cases on the waiting list.

The attendance of the children has been good on the whole, but the Matron states that the attendance is always low during the school holidays, as the older children look after the younger ones.

There were no epidemics of infectious disease during the year, although four children had a mild attack of chicken-pox, and there were four cases of measles and one of scarlet fever. All the usual precautions were taken in each case.

The Matron feels that this Day Nursery is serving a very useful purpose, as it enables unmarried mothers and mothers separated from their husbands, to go out to work, and is a great help to fathers who have either lost their wives through death or separation, or have an invalid wife. Married couples who are struggling to buy or furnish a house, also find the services of the Day Nursery useful.

During the year, the Deputy Matron was promoted to the post of Matron to fill the vacancy caused by the retirement of the previous Matron.

In her report, the Matron mentions the interest shown and the help given by the members of the County Health Committee on their visits to the Nursery.

Station Road Day Nursery, Ilkeston.

This is the smallest of the County Day Nurseries, and has accommodation for 35 children. The average number of children on the register during the year was 35, the average attendance being 23. 47 children left the Nursery during the year, and 50 children were admitted. The waiting list at the end of the year was 29.

The Matron states the attendance throughout the year has not been good, mainly on account of the shortage of work in the hosiery and cotton factories, and also because many mothers living on new housing estates, paying high rents, have withdrawn their children from the Nursery, or are not taking them regularly. Sickness too, has played a part in reducing the attendances. Although there have been no large scale epidemics, several children contracted mumps during January and February and there were 11 cases of chicken-pox and 4 cases of measles during the year. On the discovery of an infectious illness, the usual preventive measures were taken, the children concerned isolated, blankets and mattresses stoved, and cots, utensils and linen carbolised.

Difficulties in the heating of this Nursery were experienced during the very cold weather, mainly due to the low gas pressure. The County Architect arranged for Valor stoves to be provided, but these did not solve the problem, and towards the end of the year the County Health Committee agreed to install central heating.

The Matron reports that the Nursery has proved to be a great help to mothers going into hospital for treatment or childbirth, as in many cases they were unable to find anyone to look after their children during that period.

The new floral curtaining provided in June helped considerably in brightening up this Nursery, and a great improvement was seen in the baby nursery after the new linoleum had been laid. The sand-pit also received attention—a new foundation of concrete slabs replaced the old clay and ashes, and a new surround was made. The new toys received in October were greatly appreciated.

The Matron also remarks upon the improved state of the Nursery grounds since the appointment of the part-time Groundsman.

The visits made by the members of the County Health Committee have been greatly appreciated, together with the helpful suggestions which have been put forward from time to time.

Whitworth Road Day Nursery, Ilkeston.

The average number of children on the register during the year was 55, and the average daily attendance 37. On 31st December, 1952, there was a waiting list of 31.

During the year under review, 56 children left the Nursery. The largest number left to go to school, other reasons being, mothers becoming pregnant, shortage of work and increased charges, or inability to cope with both household duties and full-time work. There were 58 new admissions during the year.

In her report, the Matron remarks that the year has been the worst as regards arrendance since 1945. There were many factors contributing to this, mainly shortage of work for mothers in the upholstery and cotton trades during the first three months of the year. A number of mothers had to finish work, but in 8 cases the children have now been re-admitted. Infectious disease has also affected the attendances—measles affecting practically all the children

who had not had the complaint. The increased rate of 3/- per day caused 8 children to be withdrawn from the Nursery, but these were mostly from families with 2 children attending.

During the year there have been 31 cases of measles, 10 of whooping cough, 8 of mumps, 8 of chicken pox, 2 of german measles and 2 of pneumonia. Apart from these infectious illnesses, the common cold and bronchitis have also accounted for absenteeism. Every precaution has been taken with regard to infectious diseases—blankets, mattresses, "resters" and pillows have been stoved twice, and the Nursery has been fumigated. The Nursery staff has co-operated with the Health Visitors with regard to the children's health.

The Matron states that the new pram shed has been greatly appreciated, and the new linoleum in the kitchen has made a big improvement. The grounds have been kept in better condition since the appointment of the part-time Gardener, and the staff and children have tended the kitchen garden, which has yielded 200 lbs of vegetable produce during the year.

The Matron was pleased to receive the new toys which were supplied to the Nursery during the year. The staff have made numerous toys, and the Nursery has been fortunate in having some good strong toys given to them by parents of children who had attended the Nursery. These have been re-painted and made to look like new ones. The pictures provided by the Derbyshire Education Committee's Museum Service, have also been enjoyed by the children.

The visits of the members of the County Health Committee have been received with pleasure by the Matron.

Whitfield Day Nursery, Glossop.

During 1952, the average number of children on the register was 51, the average daily attendance being 41. The waiting list at the end of the year was 100. The 34 children who left the Nursery during the year were replaced by an equal number of new admissions.

The Matron states that this has been a very healthy year amongst the children, with only 2 cases of measles and one of scarlet fever.

In her report, the Matron remarks on the great need for a Nursery in this industrial area, where most mothers go out to work. Vacancies only occur when the children are admitted to day schools, and as the places are filled, the names grow daily on the waiting list.

The new electric radiator which was supplied in September, has proved a great help in the very cold weather. The Matron has commented favourably on the advantages from the safety standpoint of the provision of guards to the hot water pipes.

The Deputy Matron at this Nursery was promoted to the post of Matron in May, 1952.

In her report, the Matron remarks upon the keen interest shown by the County Health Committee visitors in the Nursery and the children's welfare.

ILLEGITIMATE CHILDREN — YEAR 1952.

The following Table shows the way in which illegitimate children were cared for in the County during the year under review :—

TABLE XIX.

1.	The number of illegitimate births known to the Welfare Authority for the period 1/1/52 to 31/12/52	107
	(*a*) Single mothers	106
	(*b*) Widows	1
2.	The number in which the mother and child :—	
	(*a*) Returned to live with mothers' parents	54
	(*b*) Returned to live with other relatives	3
	(*c*) Found or were helped to find lodgings where they could live together	10
	(Of these, one attended a Day Nursery in the County, and 8 were accommodated in Newholme, Bakewell (Part III. accommodation).).	
3.	The number of illegitimate children who had been or were being legally adopted	23
4.	The number of mothers who have married since the birth of the child	9
5.	The number of mothers who, with their babies, are living with the father of the child, though not married to him	7
6.	The number of illegitimate children who have died during the year	1
	(This child died within twenty-four hours of birth).	

During the year thirty-six unmarried mothers included in the total of 106 were accommodated in Vernon Street Home, Derby, which is conducted by the Derby Diocesan Council for Moral Welfare. The County Council has an arrangement for the admission of unmarried mothers to this Home, the mothers usually being resident for a month before the birth of the child. They are then transferred to one of the Maternity Homes for their confinements, and where necessary return to the Home usually for a further two months, making a total stay of approximately three months. Sixteen mothers returned from their confinements with their babies to Vernon Street Home. Seventeen mothers who could not be accommodated in Vernon Street went to Homes outside the County.

From April, 1948, to May, 1950, this service was free, but in May, 1950, the County Health Committee resolved that the Home should be requested to collect the sum of £1/1/0d. per week from each girl accommodated wherever possible, in view of the fact that she will be in receipt of benefits from National Insurance or the National Assistance Board.

REPORTS RECEIVED FROM ASSISTANT MATERNITY AND CHILD WELFARE MEDICAL OFFICERS.

Last year for the first time reports from the Assistant Maternity and Child Welfare Medical Officers were included in this part of the Annual Report in the same way as has been done for several years for reports from Assistant School Medical Officers to be included in my Annual Report as County School Medical Officer. This year I again wrote to the Assitant Maternity and Child Welfare Medical Officers in the following terms :—

"Medical Officers should comment on the whole field of their work. However, special comment on aspects in which they are particularly interested or in which they have carried out enquiries will be welcomed.

As last year, the following subjects should be covered in the case of Infant Welfare Centres :—

(1) General health and well-being of the children ;

(2) Nutrition ; Welfare Foods and the National Dried Milk Scheme ;

(3) Cleanliness, and the incidence of communicable diseases—impetigo, scabies, pediculosis, etc.

(4) The diphtheria immunisation scheme.

(5) General comments on the level of Mothercraft among the mothers attending the centres in the area.

(6) Any observations on the inter-relationship of the National Health Service and the Authority's Child Welfare Services.

With regard to Ante-Natal Clinics, comment should be made on any aspect which the Medical Officer feels desirable or of interest, but should include :—

(1) The extent to which the Ministry of Food's allowances to expectant mothers and mothers after child-birth are being used, and any comments on the advantages of such a scheme would be welcome. Mention may also be made of the Authority's Welfare Foods Scheme, which operates on similar lines, and whether this should be modified in any particular.

(2) Co-operation with general practitioners and Hospital Services, as well as other sections of the Local Authority's Health Service such as with Health Visitors, Home-Nurses, Midwives, and Home Helps, may well be covered.

Attention this year is desired particularly on the co-operation between the Local Authority and the General Medical and Hospital Services".

The following are relevant extracts from reports which I have received :—

DR. E. H. DINWOODIE.

"(1) *Infant Welfare Centres.*

The general health of the children attending the clinics remains good, and the standard of cleanliness, and the general level of Mothercraft is satisfactory.

Regarding the Diphtheria Immunisation Scheme, in most of my areas the children are immunised by the family doctor, who usually immunises them against whooping cough at the same time. Owing to staffing difficulties during the past year, it was impossible for me to attend the Infant Welfare Clinics in my areas regularly, so immunisation figures at these clinics fell considerably.

(2) *Ante-Natal Clinics.*

Most of the Mothers make use of the Ministry of Food's allowances, and National Dried Milk is the most popular of the Artificial Foods for infants.

There is still a great demand by pregnant women to have their babies in nursing homes or hospitals. This, in most cases, is due to housing difficulties, and for them, admission to a Nursing Home is essential. With any improvement in the housing situation though, this demand for Nursing Home assommodation does not seem to lessen. One of the main causes then, for this, is the lack of Home Helps. If the number of Home Helps available could be increased, this would encourage women to stay in their own homes for their confinements, in many cases. Also, if the Maternity Benefit Allowance was altered, so that less money was given to Mothers who had their confinement in Hospital, and more given to those who stayed at home, I think more women would find it possible to have their babies at home. By these means, it might be possible to relieve the pressure on Nursing Homes which should cater for those women with housing difficulties, or those who should be admitted on medical grounds.

Lastly, I feel that now we should stress the educational side of our work, at both ante-natal and infant welfare clinics, for all treatment is now carried out under the General Medical and Hospital Services, and by so doing, we can co-operate with them, and complete the Welfare Service."

DR. D. M. JACKSON.

"The general health of infants seen at Welfare Centres has been good, though there was, I believe, a high incidence of respiratory complaints around the latter end of 1952, when widespread fog was experienced. Some of these cases were referred to their family doctors at the time, while in others the mother explained on her return that she had been absent from the Clinic on account of a cough, cold, or measles, in the family.

There is still a regrettably high proportion of bottle-feeding, instituted in the majority of cases before the baby is first brought to the Clinic at two to four weeks.

Surprisingly large quantities of National Dried Milk are tolerated, though a number of skin eruptions have been observed which have cleared up on reduction of added sugar from 1½ teaspoonfuls per feed as prescribed on the tin, to ½ to 1 teaspoonful according to age.

With very few exceptions children are clean and well-cared for. There has been no scabies or pediculosis observed, and only two cases of Impetigo which were already under treatment by the family doctor.

Most mothers appreciate the importance of diphtheria immunisation, but some now prefer to attend their own Doctor in order to have their babies immunised to Whooping Cough at the same time.

Apart from the prevalence of bottle-feeding already mentioned, the general standard of mothercraft has never been so high.

The Ministry of Food allowances to expectant and nursing mothers are almost invariably taken up, the mother being reminded of them when given her card for a change of ration book, on her first visit to the Ante-Natal Clinic.

Direct co-operation of Hospitals and Nursing Homes in the County on medical and obstetrical matters leaves nothing to be desired.

On the other hand, the allocation of beds to normal cases presents many anomalies. It is naturally impossible to determine the proportion of mothers who apply for Maternity Home accommodation simply for reasons of economy, but I believe it is considerable.

I can see no possible advantages in admitting a normal case from a satisfactory modern house for a first confinement if, due to pressure on accommodation, she has to be returned home within two or three days, to the care of a midwife who is then a complete stranger.

Adequate ante-natal care can do more to eliminate the unexpected in a first confinement than in any subsequent pregnancy, and yet unfortunately these still form the majority of Maternity Home cases, partly because houses are rarely available to couples without at least one child, partly because it is less trouble and expense to go away if there are no other children to be looked after, and sometimes on account of over-anxiety which can almost invariably be resolved by co-operation between the patient, the Clinic and the Midwife, if the Hospital booking is delayed.

Attendance of Midwives at the Clinics has been a great help in this respect. It is not now at all uncommon for a patient who has arrived at the Clinic with every intention of booking for a Maternity Home, to change her mind and leave quite contentedly with her nurse booked and all arrangements made for having her baby in her own home.

Thanks are due to Midwives who have attended Maternity Home cases for ante-natal supervision and blood-pressure recording between clinics, thus enabling patients to rest in bed with safety

at home instead of being obliged to take up Hospital accommodation for conditions which have proved to be transitory and amenable to home treatment.

A number of cases have occured in this year of Rhesus negative blood reactions in which arrangements have had to be made for blood transfusion to be available should the infant suffer for haemolytic disease of the newborn. The subsequent history has not always been available, but those cases in which transfusion is successfully carried out are among the more spectacular examples of lives saved by a satisfactory liaison between diagnostic and treatment centres."

DR. M. A. PRETORIUS.

"*Maternity and Child Welfare Service.*

The General Health of the children seen at my Infant Welfare Centres is on the whole of a high standard. The housing shortage is, however, still a major problem and the resultant over crowding usually has a harmful effect on the children's health, mostly due to insufficient sleep.

There seems to be a hopeful increase in the number of breast-fed babies, but there are still too many cases where bottle-feeding has needlessly been introduced before the child's first attendance at the clinic.

National Dried Milk is very popular and satisfactory as an artificial feed, but I feel that too much importance is attached to the weekly increase in weight. There is a tendency for this to be regarded as a matter of prestige and in consequence to be approached in a spirit of competion by the mothers.

Some mothers seem prejudiced against the concentrated orange juice and would rather buy some popular proprietory tonic.

Impetigo is very rare and pediculosis and scabies are non-existant in the children attending Infant Welfare Centres.

The diphtheria immunisation scheme continues to be well supported. More and more mothers are, however, expressing disappointment at not being able to have their babies immunised against whooping cough at the Infant Welfare Centre.

Most babies nowadays enjoy the benifit of sleeping out of doors during the day time, but many children are still overclothed. It is particularly distressing to see small infants "dressed-up" in shoes. These act as splints and hamper proper development of the feet, as well as causing discomfort to the child, whose feet are always cold.

Ante-Natal Clinics.

Following the derationing of those foods which used to be "extras" on the mother's ration book, some mothers no longer appear to attach any importance to the necessity of collecting their grey ration books. This means that they forfeit the benefit of the

concentrated orange juice and vitamin tablets as well as the right to obtain milk at reduced rates. Constant reminders are therefore necessary to ensure that full use is made of the Ministry of Food's allowances.

Fersolate tablets provided at the Ante-Natal Clinics are very useful and are readily taken, but the new brand of Calcium Tablets is not proving popular.

Mothers who have to travel long distances to the ante-natal clinic of the hospital where they are to be confined complain that the long journeys consume too much time and energy as well being expensive. I should like to suggest that consideration be given to the possibility of reaching agreement with the hospital authorities to permit expectant mothers from outlying districts to continue to attend at their local clinics until a later stage in pregnancy than is at present the case.

The revival of Dental Clinics at Clay Cross, Dronfield and Frecheville is a development which is particularly welcome as this provides an improved service to children of pre-school age and expectant and nursing mothers which will be much appreciated."

DR. C. M. WHITE.

"*Ante-Natal Clinics.*

The past year has seen some changes in the running of the Ante-Natal Clinics, as at certain centres one of the Health Visitors has been replaced by a midwife to assist on the clinic day, and one of my clinics is now run by Midwives alone.

The number of patients attending seems to have remained fairly constant except for a marked increase at Frecheville due to the opening of the very large new Estate there, and this has necessitated the clinic being held all day now instead of one half-day.

Towards the end of the year the clinics were visited by a Doctor and a Health Visitor, representatives from the Ministry of Health, and many points connected with the management of clinics were discussed.

The number of patients seeking Hospital confinement remains high, and this is particularly noticeable amongst patients within easy reach of Maternity Homes. It seems that the majority of domiciliary cases do not attend the County Clinics for their ante-natal care.

The Ministry of Food allowances are taken up in almost all cases, and the Fersolate and Calcium tablets obtainable at the Clinic are in frequent demand. There are many requests for "Colact," especially from mothers anxious to breast feed.

Infant Welfare Centres.

Owing to shortage of staff it has only been possible to visit some Infant Welfare Centres once a month, and others not at all.

The immunisation scheme remains on about the same level. The majority of mothers are willing to bring their infants for the first dose but occasionally need to be reminded about the second.

The number of mothers breast feeding for any length of time is disappointing. Many of them start off well but soon give up. Every effort is made to encourage them, and the importance of this was particularly emphasised by the Inspectors from the Ministry, who were even against the displaying of any advertisements of proprietary foods. Possibly when every family is adequately housed there will be an improvement in efforts to breast feed, as no doubt overcrowding or living in rooms is not conducive to satisfactory mothercraft."

6. DOMICILIARY MIDWIFERY.

General arrangements for the Service.

Prior to the "appointed day," the greater part of the County was covered by the direct employment of Midwives, either by the County Council or the Chesterfield Borough Council, as both Councils at that time were Local Supervising Authorities under the Midwives Acts. Roughly a third of the County was covered under agency arrangements with certain District Nursing Associations.

The County Council in July, 1948, became the responsible Authority for providing a domiciliary Midwifery Service for the whole of the Administrative County, including Chesterfield. As has been indicated earlier under "Administration," the Area Medical Officer, assisted by one non-medical Supervisor of Midwives, supervises the Midwifery Service in Chesterfield Borough, under the general direction of the County Medical Officer. The remainder of the County is administered from the central office in Derby, and the County Medical Officer is assisted in carrying out the necessary supervision of Midwives by the Deputy County Medical Officer, a Senior Assistant Medical Officer, and two non-medical Supervisors of Midwives.

Regarding midwives employed in Institutions, supervision is exercised by the Maternity and Child Welfare Medical Officers, as well as the non-medical Supervisors of Midwives—again, of course, under the direction of the County Medical Officer.

In 1948, employment was offered to midwives in the service of the District Nursing Associations, and to certain selected midwives in private practice, and by the end of that year, eighty-three full-time County Midwives were in the employ of the County Council, as well as forty-four Home Nurse-Midwives. It was not possible in all areas to divorce Midwifery completely from Home Nursing, due partly to the qualifications and grading of Nurses transferred from Nursing Associations, and partly to the fact that in sparsely populated areas it results in the area to be covered becoming unwieldy and the travelling excessive, bearing in mind the number of cases a Midwife is expected to attend. The divorce of Midwifery from Home Nursing is a desirable aim, but I do not think that this can be achieved entirely in this County

because of its geographical features. An idea of the staffing position for the period under review can be obtained from the following Table:—

Number of Midwives on the staff at the end of:—

	1948	1949	1950	1951	1952
County Midwives.	83	79	83	83	73
Home Nurse-Midwives ..	44	43	38	37	35

In the light of the falling birth-rate and the increasing proportion of confinements taking place in Hospital, it has been decided as a matter of policy that when vacancies arise careful consideration be given to the need for further appointments, if future redundancy of staff is to be averted. In some parts it has been found that by combining a number of small areas into one large area, economy of nursing staff has been effected as well as administrative arrangements simplified.

In order to enable the domiciliary midwives to make the best use of their time and also to transport equipment, including Analgesia Apparatus, to their patients, the Authority agreed to grant travelling allowances to Midwives for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to Midwives wishing to obtain loans for this purpose. At the time of writing this Report sixty-five Midwives out of a total of sixty-nine are using motor cars.

Uniform.

All Midwives on the staff are provided with the official uniform recommended by the Central Midwives Board.

Housing.

It is a rule of the Authority that a Nurse should live in the area for which she is primarily responsible, in order that she may be readily available when called upon. Difficulty has occasionally been encountered in the past by Nurses in securing accommodation in some areas, although a number of Local Sanitary Authorities have been extremely helpful in letting houses either direct to the County Council for occupation by a Midwife, or alternatively direct to the officer concerned. Where this assistance from the Local Sanitary Authorities has been forthcoming, very little difficulty has been experienced in filling vacancies.

Section 6—Midwives Act.

Application was made in October, 1950, to the Minister of Health for an Order under Section 6 of the Midwives Act prohibiting unqualified persons acting as Maternity Nurses for gain. The Order was made by the Minister on the 23rd February, 1951, and came into operation on the 1st May of that year.

During the year 1949 the attention of all County Midwives and Home Nurse-Midwives was drawn to the appropriate paragraph of the Rules of the Central Midwives Board relating to the use of drugs. It was decided that cardiac and respiratory stimulants should be supplied for the nurse's use after she had received instruction from a Medical Officer on the Council's staff. A brief note describing the selected

drug, the method by which it should be administered, the indications for its use in both mother and child, and the dosage, was supplied to each Midwife. As a result, ampoules of a proprietary preparation of Nikethamide B.P. were issued, providing one of the Maternity and Child Welfare Medical Officers was satisfied that the particular nurse concerned fully understood the technique of administration, including the dosage and the limited circumstances under which it might be used.

In May, 1949, the County Health Committee agreed to a recommendation that all County Midwives and Home Nurse-Midwives be provided with a mercurial sphygmomanometer and stethoscope, and that arrangements be made to ensure that the apparatus was issued only to Midwives or Nurse-Midwives adequately trained in its use. Accordingly a scheme was put into operation by which each Midwife received instruction from a Maternity and Child Welfare Medical Officer. Only after the Medical Officer was satisfied that the Midwife was skilful and well informed in the technique, were the necessary instruments made available for use in her practice. Written instructions were also provided to supplement the Medical Officer's teaching, setting out, in a simple form, the method of using the apparatus, the interpretation of the results, and the action which should be taken in consequence. It was particularly stressed that it was most important that if there was any departure from the normal limits in the blood pressure readings patients should be referred for medical advice.

* **Midwifery Service.**

The hatched portions in the map facing this page show the districts covered by County Midwives (areas 1 to 11), and Home Nurse-Midwives (areas A to E). The areas were drawn having regard to (1) the amount of work performed ; (2) the convenience of patients ; (3) the situation of the Midwives' residences ; and (4) the "mobility" of Midwives.

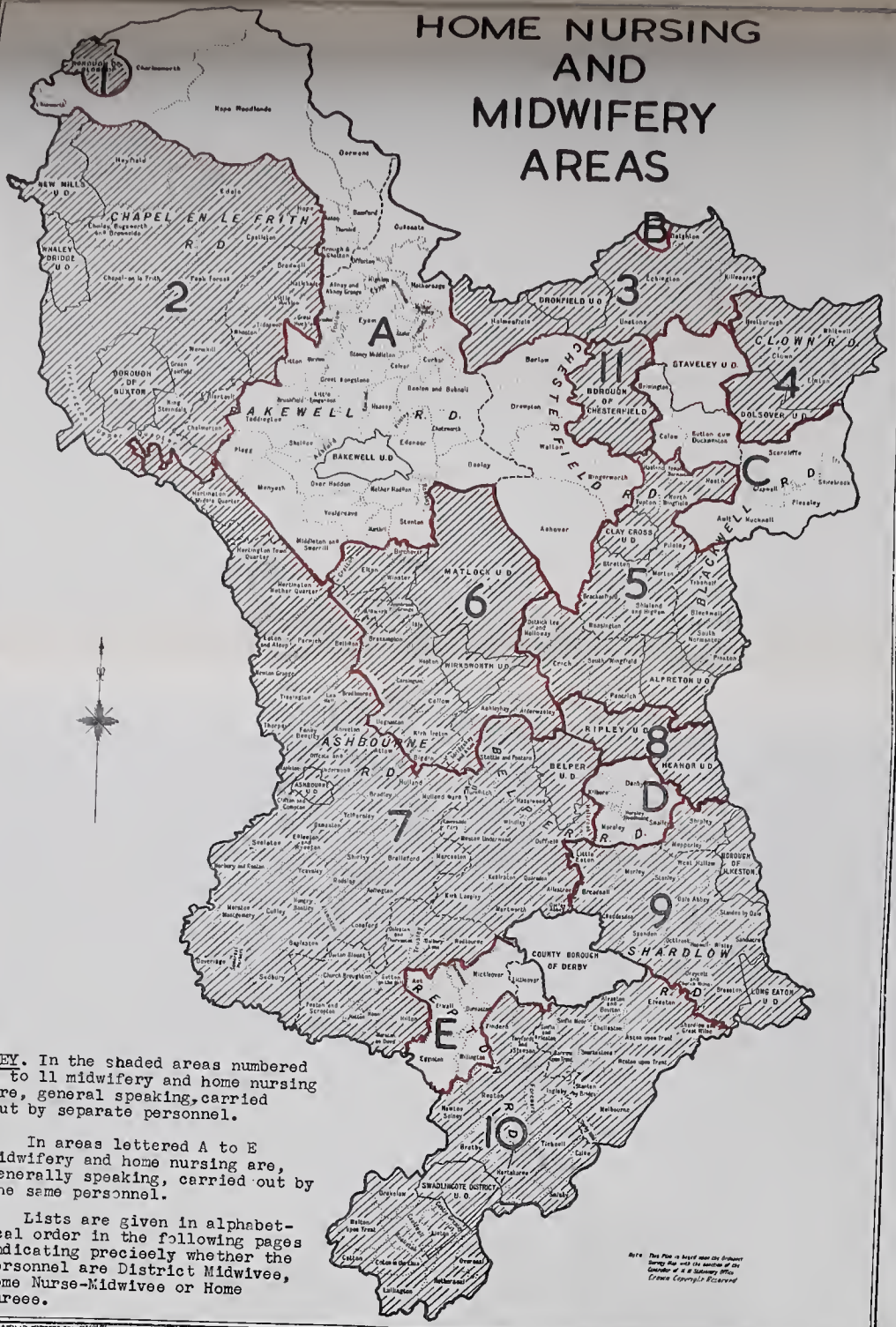
It has been estimated that each midwife can undertake approximately sixty-six cases per annum, and it has been stated that one midwife is required for 5,000 to 6,000 of the population in an urban area. It is intended on this estimation that her duties shall include ante-natal care, attendance at the confinement, and nursing of the mother and baby for fourteen days during the lying-in period.

At the end of 1952 there were 200 midwives on the County Roll—eight were midwives in independent practice ; five were midwives working in private Nursing Homes ; seventy-nine were midwives working in Regional Hospital Board Institutions ; and seventy-three were Domiciliary Midwives and thirty-five were Home Nurse/Midwives employed by the County Council.

GAS AND AIR ANALGESIA.

The number of Midwives in practice in the County at the end of the year who were qualified to administer Gas and Air Analgesia in accordance with the requirements of the Central Midwives' Board was as follows :—

HOME NURSING AND MIDWIFERY AREAS



KEY. In the shaded areas numbered 1 to 11 midwifery and home nursing are, general speaking, carried out by separate personnel.

In areas lettered A to E midwifery and home nursing are, generally speaking, carried out by the same personnel.

Lists are given in alphabetical order in the following pages indicating precisely whether the personnel are District Midwives, Home Nurse-Midwives or Home Nurses.

Domiciliary Midwives	108
Employed in Homes and Hospitals in the National Health Service..	57
Employed in Nursing Homes or in Maternity Homes and Hospitals not in the National Health Service	2

The number of cases where analgesics were administered by Midwives in domiciliary practice during the year 1952 was 2,192.

Facilities are provided to enable domiciliary Midwives practising in the area to attend courses of instruction in the administration of analgesics in institutions approved by the Central Midwives' Board.

In all cases where Gas and Air Analgesia is administered by a Midwife in domiciliary practice, a "second person" must be present who is acceptable to the patient as well as the midwife.

At the end of the year 1952 out of a total of 108 Midwives and Home Nurse-Midwives on the staff of the Department 107 were trained in the administration of Gas and Air Analgesia and were in possession of sets of apparatus.

As a consequence of the authority contained in Statutory Instrument No. 380 of 1950, The Dangerous Drugs Regulations, 1950, authorising Midwives who have notified their intention to practise to the Local Supervising Authority to be in possession of and to administer medicinal opium, tincture of opium, and pethidine, all Midwives were issued with Dangerous Drugs Books, and arrangements were made for the issue of pethidine from the Central Office. The number of cases in which pethidine was administered was 854 in 1951, and 1,177 in 1952.

Arrangements for selecting women whose confinement in Hospital is recommended on social grounds.

Since the 5th July, 1948, the provision of Hospital accommodation for maternity cases has been the responsibility of Regional Hospital Boards. To facilitate the administrative arrangements concerning the large number of patients desiring hospital or maternity home accommodation, Bed Bureaux were set up at Chesterfield and Derby by the Sheffield Regional Hospital Board. Forms of application for admission are available at the Authority's ante-natal clinics, and these are passed to the respective Bed Bureaux. Where admission to a hospital bed is recommended on medical grounds, this is sufficient to ensure invariably that a bed is made available, providing arragements are not left until the last moment. In most cases, however, applications are based on social need, and such cases are referred to this authority for a report on the home circumstances. In the light of that report, which is made after a visit to the patient's home by one of the Health Visitors, a recommendation is made as to the necessity for a Hospital or Maternity Home bed. For a period in the south of the County, the number of applications diminished to such an extent, having regard to the number of beds available, that the scheme was discontinued and all admissions were dealt with directly by the Bed Bureau without requesting a Health Visitor's report. The falling birth-rate and the provision of additional maternity beds combined to bring about these altered circumstances.

In practice the scheme has worked smoothy and no changes are envisaged at the present time.

The following is an analysis of cases visited by Health Visitors for a report on the home circumstances :—

Derby Bed Bureau—

Suitable for home confinement	11
Hospital accommodation desirable but not essential	32
Home conditions unsuitable and hospital confinement necessary	229
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	10

Chesterfield Bed Bureau—

Suitable for home confinement	18
Hospital accommodation desirable but not essential	127
Home conditions unsuitable and hospital confinement necessary	796
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	5

Other Hospitals outside the areas of the Derby and Chesterfield Bed Bureaux—

Suitable for home confinement	3
Hospital accommodation desirable but not essential	46
Home conditions unsuitable and hospital confinement necessary	197
Miscellaneous (i.e. cancellations, miscarriages, removals from the district, etc.)	9

General.

The following Table sets out certain relevant figures regarding the Midwifery Service for the years 1948 to 1952 :—

	1948	1949	1950	1951	1952
Number of cases attended by Midwives employed by the Authority :—					
(i) As Midwives †	1,835	3,925	3,808	3,264	2,918
(ii) As Maternity Nurses †	562	1,676	1,488	1,609	1,561
Total	2,397	5,601	5,296	4,873	4,479
Number of cases in which Gas and Air was administered	1,344	1,942	2,311	2,167	2,192
Number of cases in which Pethidine was adnimistered :—					
(i) When acting as a Midwife	—	—	—	241	579
(ii) When acting as a Maternity Nurse	—	—	—	613	598

† These figures relate to the period 5th July to the 31st December.

Co-operation with General Practitioners undertaking Maternity Medical Services.

On the whole good co-operation appears to take place between general practitioners undertaking maternity medical services and the domiciliary midwives employed by the Authority. As stated in "2" above, all midwives newly appointed are asked to introduce themselves to the general practitioner in the area. In the case of a Midwife calling in a general practitioner to deal with a case not booked by him, arrangements are in force for any fees to be paid by the County Council in accordance with the Medical Practitioners (Fees) Regulations.

Refresher Courses.

The County Council's Proposals under Section 23 of the National Health Service Act provided for sending Midwives on Post Certificate Courses at suitable intervals. Actually seven Midwives are sent annually to Courses arranged by the Royal College of Midwives, fees and travelling expenses being paid by the Authority. In addition, the Supervisors of Midwives attend in rotation the annual post-certificate courses conducted by the Association of Supervisors of Midwives.

Training of Pupil Midwives.

Arrangements were made with the Sheffield Regional Hospital Board for the training of Pupil Midwives in the Chesterfield area. The arrangements provided for the Regional Hospital Board paying—(1) the pupil midwives' salaries, and (2) £2/2/0d. per week to the Midwife for providing board and lodging for each pupil; while the County Council pay £20 per annum to the Midwifery Teacher.

The Lying-in Period.

The following is a relevant excerpt from Circular 5/53 dated 5th March, 1953, issued by the Ministry of Health.

"SUMMARY. This Circular draws attention to the need for continuity in the care of mothers and babies and indicates some of the necessary measures of co-operation between hospital authorities, local health authorities and general practitioners. It also clarifies the meaning of the term "lying-in period" as defined in the rules of the Central Midwives Board.

(1) The Minister has had under consideration the question of the arrangements necessary to secure that women who have been confined in hospital shall receive adequate post-natal attention for a period long enough for any complications to be dealt with and for everything possible to be done to safeguard the health of both mother and child. The major responsibility in this matter rests with the local health authority which has the following duties under the National Health Service Act, 1946 :—

(*a*) Under Section 23—to secure the provision in their area of sufficient certified midwives for "attendance on women in their homes as midwives, or as maternity nurses during childbirth and from time to time thereafter during the period not less than the lying-in period,"

(*b*) under Section 22—to make "arrangements for the care . . . of expectant and nursing mothers and of children who have not attained the age of five years and are not attending primary schools . . . " and

(*c*) under Section 24—to "make provision . . . for the visiting of persons in their homes by . . . health visitors for the purpose of giving advice as to the care of young children . . . and expectant or nursing mothers . . . "

(2) These provisions imply a continuity of care by the local health authority from the first confirmation of pregnancy to the attainment by the child of the age of five years or its earlier attendance at a primary school. The duty to provide the requisite care is, of course, subject to the clinical responsibility of the family doctor or any other doctor who may be attending the mother or child, and to the general responsibility of the hospital authority for care when the mother or child is an in-patient in hospital or attending hospital clinics.

(3) So far as the local health authority is concerned the requisite care and attendance are provided in part by midwives, in part by health visitors and in part by medical and nursing staff at clinics maintained by the authority ; and the manner in which the service is provided at each stage lies largely within the discretion of the authority. This discretion is limited only by the obligation under Section 23 to secure the provision of a domiciliary midwifery service during the "lying-in period" which is the period so defined by rules made under the Midwives Acts, i.e. made by the Central Midwives Board. Some uncertainty appears to exist regarding the effect of this requirement and the significance of the "lying-in period" as defined in the Central Midwives Board's Rules. The following explanations are accordingly offered for the guidance of all concerned with this matter.

(4) The Rules of the Central Midwives Board define the lying-in period as "a period being not less than fourteen days nor more than twenty-eight days after the end of labour during which the continued attendance of the midwife on the mother and child is requisite." The essence of this definition is contained in the words "continued attendance of the midwife" and it is clear that the lying-in period will vary, according to the circumstances of the particular case, between the minimum of fourteen days and the maximum of twenty-eight days. It is equally clear that the lying-in period, so defined, is not limited to the time during which the mother needs to remain in bed or even indoors ; nor is it necessarily co-extensive with the time during which a mother confined in hospital needs to be kept there as an in-patient.

(5) Hospital authorities will be aware that the Central Midwives Board have felt it to be desirable to issue, from time to time, circulars intimating that they would be prepared to protect midwives working in institutions from action for breach of the Board's rules based solely on their having ceased to attend upon a patient on the tenth day. This course was first taken to facilitate discharge before the fourteenth

day at a time when, by reason of the high birth-rate, the pressure on maternity institutions was very heavy, and it was based on the assumption that the rules of the Board placed a personal responsibility on the institutional midwife to continue attendance during the lying-in period as defined in the rules, i.e. for a minimum period of fourteen days. Further consideration has led the Board to the conclusion, with which the Minister agrees, that a personal responsibility of this nature cannot be placed upon an institutional midwife, except in the rare case, e.g. of a private nursing home, where she is responsible for admissions and discharges. The Board will accordingly no longer give the periodical assurances referred to above, and will consider such amendments of their rules as may be necessary to remove any misunderstanding of the situation.

(6) The period during which a mother and child should be kept as in-patients in hospital or maternity home after the confinement depends mainly upon clinical considerations. It will vary according to the circumstances of the case and in the Minister's view, based on the best available advice, it should not be less than ten days, unless there are special reasons in particular cases for earlier discharge. However long it may be, it will not, as indicated above (para. 4) be necessarily co-extensive with the lying-in period, and it follows that in some cases the mother or child will require the services of a midwife after discharge from hospital or nursing home. They will in any case normally require, then or later, the advice and help of a health visitor, and it will be for the local health authority to decide what form of care is necessary and at what stage the attendance of a midwife should cease and visiting by a health visitor should begin.

(7) It will be apparent from the foregoing remarks that continuity of attention to the needs of mother and child, where confinement has taken place in hospital or maternity home, depends upon :—

(*a*) the provision of information by the Boards of Governors or Hospital Management Committees to the family doctor and to the Medical Officer of Health of the Local Health Authority of all impending discharges of maternity patients, so far as possible not less than twenty-four hours before the patient is discharged.

(*b*) visiting of mother and child by the appropriate officer of the local health authority as soon as possible after discharge.

(*c*) supply by the hospital staff to the family doctor and where appropriate to the Medical Officer of Health of informatiou regarding any matters appearing to require special attention.

(*d*) Consultation between the Board of Governors or Hospital Management Committee and the family doctor or the Medical Officer of Health, as the case may require, where there is any doubt, having regard to the home circumstances, about the advisability of discharge.

(8) The precise arrangements to be made to ensure the observance of these requirements is a matter for agreement between Boards of Governors or Hospital Management Committees and local health authorities, and it is known that in many areas entirely satisfactory arrangements are in operation. Where they are not, it is desirable that the local health authority should take the initiative in seeking to establish suitable arrangements by agreement with the hospital authorities in its area. Hospital Management Committees and Boards of Governors are, for their part, asked to ensure—

(*a*) that maternity cases are not discharged until they are ready to resume home life (and in this connection the nature of the home circumstances should be taken into account) and not, except in very special circumstances before the tenth day, and

(*b*) that the information needed by the family doctor and the Medical Officer of Health referred to in para. 7 above is given regularly and promptly with the knowledge and agreement of the patient.

(9) It is not less important to ensure that the nursing midwifery and health visiting services of local health authorities work in close collaboration with the family doctors."

The extract quoted above was sent in a circular letter to all County Midwives, Home Nurse-Midwives and Health Visitors, in April, 1953. The last paragraph of that letter read as follows :—

> Some parts of the Circular are not your responsibility to implement, but it was thought advisable that they should be included for your information so that you might have a proper background to what is recommended. I would, however, refer you particularly to the last sentence of Paragraph 6 above. In my opinion the Midwife with her clinical knowledge of the case should decide when her attendance should cease, but the Midwife should notify the appropriate Health Visitor when that takes place, according to where the patient resides, so that the Health Visitor can then begin her visiting.

*

7. HEALTH VISITING.

The establishment of Health Visitors before the Appointed Day in 1948 was as follows :—

(*a*) *County Council.*

1 Superintendent Health Visitor.

51 Health Visitors who were also School Nurses and Tuberculosis Visitors.

1 T.B. Visitor.

(*b*) *Municipal Boroughs.*

(i) *Chesterfield*

1 Chief Health Visitor.

6 Health Visitors, who were also School Nurses.

(ii) *Ilkeston.*

1 Senior Health Visitor.

3 Health Visitors who were also School Nurses.

(iii) *Buxton.*

2 Health Visitors, who were also School Nurses.

(iv) *Glossop.*

2 Health Visitors, who were also School Nurses.

On the Appointed Day the County Council took over the administration of the Health Visiting Services of the Municipal Boroughs. The County Health Committee decided to set up an Area Sub-Committee to cover the day-to-day administration of the Health Visiting Services of Chesterfield Borough.

The T.B. Visitor was released from Chesterfield Chest Clinic and another Health Visitor appointed to Chesterfield Borough.

The establishment has not been varied although it is realised that it should be of the order of 133. It is felt, however, that it is pointless to alter the establishment when we are unable to recruit up to the present number of sixty-eight.

It was hoped to secure additional Health Visitors, but this has not been possible because of the general shortage of suitably trained personnel. With the full complement there would be one Health Visitor to 10,241 population, which includes an average case load of 895 children under five years.

The number of Health Visitors on the staff at the end of December of each year during the last five years is as follows :—

1948	1949	1950	1951	1952
54	51	49	54	53

In view of the shortage of candidates for this branch of the Nursing profession, a scheme is in operation whereby State Registered Nurses who hold the certificate of the Central Midwives Board or the first certificate under the new Central Midwives Board's Rules, can be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly, these conditions provide for the County Council being responsible for the full cost of training at an approved training centre, and the student being paid three-quarters of the minimum of the Health Visitor's salary for the first twelve months. A further condition is that if required the candidate will remain on the staff of the County Council for at least two years after the completion of training.

Two Health Visitors on the County Council's staff were assisted in this way, and two candidates are at present in training.

The Superintendent Health Visitor visited two Hospitals in the County, and gave a talk on the training scheme to the Student Nurses with a view to persuading them to embark on a Health Visitor's career.

In January, 1952, the Health Committee gave consideration to the appointment of six State Registered Nurses to assist in the Health Visiting Services, subject to certain conditions. However, in consequence of the need for economy, the implementation of the recommendation has been deferred.

Prior to 1948, the Health Visitors in this County were also School Nurses and Tuberculosis Visitors, and, therefore, were employed mainly for giving advice on the care of young children, expectant and nursing mothers, school children, and tuberculous patients. Since July, 1948, their duties have been extended, and are defined in the Act as including "giving advice as to the care of young children, persons suffering from illness, and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection." It means, in effect, that their duties embrace giving advice to the whole family, and as a consequence they have had much work to perform in providing information for medical practitioners and particularly Hospitals (see also under Heading 2).

The Health Visitor also assists in the Home Help Scheme, often making the initial visit and assisting the applicants in completing their forms.

In carrying out all her duties, whether visiting in the homes or attendance at the various clinics the subject of Health Education is generally uppermost in the Health Visitor's mind.

During the current year one Midwife and one Health Visitor have attended each Ante-Natal Clinic instead of two Health Visitors as was the previous practice, thus relieving a Health Visitor for home visiting during each Ante-Natal Clinic session.

Seven Health Visitors are sent annually to refresher courses arranged by the Royal College of Nursing, the fees and expenses being paid by the County Council.

TABLE XX.

1. MATERNITY AND CHILD WELFARE.

(*a*) Ante-Natal Clinics —

Number of sessions	1,386
New Cases	4,467
Ante-Natal attendances	19,124
Post Natal attendances	580

(*b*) Visits to homes :—

Expectant Mothers :—	
First Visits	2,316
Total visits	3,284
Children under 1 year of age :—	
First visits	10,311
Total visits	33,847
Children between the ages of 1 and 5 :—	
First visits	2,460
Total visits	55,250

(*c*) Infant Welfare Centres :—

Number of sessions	4,038
Number of new cases :—	
Under 1 year of age	6,024
Over 1 year of age	437
Total number of attendances :—	
Under 1 year of age	76,019
Over 1 year of age	31,357

(*d*) Mothercraft—Number of Lectures 50

2. OTHER CASES :—

First visits	2,934
Total visits	8,245

STATISTICS RELATING TO MATERNITY AND CHILD WELFARE.

Certain statistics regarding the Authority's Maternity and Child Welfare Services are submitted annually to the Ministry of Health, and appear at the end of this Report (Appendix 1).

The following are selected facts extracted for use in the Department, but appear likely to be of general interest and are set out below in a convenient form for easy reference. The headings under which the statistics appear are self-explanatory, and give a brief resumé of the position from year to year with regard to certain of the services provided under Section 22 of the National Health Service Act. It will be appreciated that all the figures are based on the number of notified births, which vary slightly from the number of registered births which is compiled by the Registrar-General and which is to be found on page 10.

TABLE XXI.

COUNTY OF DERBY.

	1948 *See below	1949	1950	1951	1952
NUMBER OF NOTIFIED BIRTHS.					
Live Births	11,496	11,589	11,044	10,619	10,387
Still Births	268	263	251	227	236
Total Births	11,764	11,852	11,295	10,846	10,623
DOMICILIARY MIDWIFERY.					
L.H.A. Midwives—Number of cases attended, as Midwives	3,670	3,925	3,808	3,264	2,918
as Maternity Nurses	1,124	1,676	1,488	1,609	1,561
Total	4,794	5,601	5,296	4,873	4,479
Midwives in private practice, number of cases attended—					
as Midwives	226	147	50	30	17
as Maternity Nurses	94	43	34	28	22
Total	320	190	84	58	39
Domiciliary Cases—Grand Total	5,114	5,791	5,380	4,931	4,518
Number of Domiciliary Cases attended as a percentage of all notified births	43.47	48.8	47.6	45.5	42.5
ANALGESIA.					
Number of cases in which Gas and Air was administered by L.H.A. Midwives in Domiciliary Practice	1,344	1,942	2,311	2,167	2,192
Number of cases of Analgesia as a pertencage of domiciliary births	28.03	34.6	43.6	43.9	48.5
ANTE-NATAL CLINICS.					
Number of L.H.A. Clinics	23	23	24	24	22
Number of new cases attending during the year	5,552	5,824	5,159	4,663	4,467
Number of new ante-natal cases as a percentage of all notified births	47.2	49.1	45.7	43.0	42.0
POST-NATAL CLINICS.					
Number of L.H.A. Clinics	2	4	2	2	2
Number of new cases attending during the year (including post-natal cases at Ante-Natal Clinics)	162	413	409	532	409
Number of new post-natal cases as a percentage of all notified births	1.4	3.5	3.6	4.9	3.8
INFANT WELFARE CENTRES.					
Number of L.H.A. Centres	77	79	82	83	86
Number of Voluntary Centres	5	4	3	3	3
Number of children who first attended an infant Welfare Centre during the year:					
Under one year	6,090	6,516	6,051	5,923	6,115
Over one year	512	627	421	439	438
Total	6,602	7,143	6,472	6,362	6,553
Number of first attendances at I.W.C.'s as a percentage of notified live births.	57.42	61.6	58.6	59.9	63.0

*—*These figures are based on a return to the Ministry of Health for the period 5th July, 1948 to 31st December, 1948, but have been doubled in order to obtain an approximate figure for the whole year.*

8. HOME NURSING.

General arrangements for the Service.

The County Council in July, 1948, became the responsible Authority for providing a Home Nursing Service for the whole of the Administrative County, including Chesterfield. As has been indicated earlier under "Administration," the Area Medical Officer, assisted by a Superintendent of Home Nurses, supervises the Home Nursing Service in the borough of Chesterfield, under the general direction of the County Medical Officer. The remainder of the County is administered from the central office in Derby, and the County Medical Officer is assisted in carrying out the necessary supervision by a Deputy County Medical Officer, a Senior Assistant Medical Officer, and two Superintendents of Home Nurses. As a natural corollary it was decided not to enter into any agency arrangements with voluntary Nursing Associations or other similar bodies.

The arrangements mentioned above have worked well, have proved most economical from the point of view of administrative costs, and as shown later have proved efficient and satisfactory.

Prior to July 5th, 1948, the County Council had no power to provide a Home Nursing Service. Voluntary District Nursing Associations were providing a home nursing service in certain parts, but approximately one-third of Derbyshire was uncovered. While the Nurses formerly employed by the District Nursing Associations formed an excellent nucleus, the numbers were far from adequate to provide a Home Nursing Service throughout the County. Fortunately by a combination of factors, the County was covered reasonably well by the "appointed day," namely, by additional appointments (though these were few, due to the nation-wide shortage of nurses at the time), by reconstituting the areas served, and by making the nurses as "mobile" as possible (i.e., by granting car allowances). The County Health Committee approves this policy of car allowances because, (1) it is in the interests of the patient, as nursing aid arrives quicker; (2) it contributes to the health and convenience of nurses, particularly in bad weather and at night; and (3) it is cheaper to the Authority, because the nurses can perform more work. It was important that nurses who had been residing in an area for a considerable number of years should not be uprooted from their relatives or friends, but this limited the extent to which areas could be reconstituted to serve the third of the County that was previously uncovered for Home Nursing. The enlightened policy of the County Health Committee regarding car allowances, however, helped considerably to neutralise this difficulty.

Ninety-three nurses employed by Nursing Associations accepted employment with the County Council, but in a number of instances the district nurses undertook general nursing as well as midwifery. The intention is, however, that general nursing should be divorced where practicable from midwifery in view of the possible spread of infection from general nursing to women in childbirth.

The following shows the staffing position at the end of each year since the inception of the County Council Home Nursing Service :—

	Number of Nurses and Home Nurse-Midwives on the staff on—				
	Dec. 31st, 1948	Dec. 31st, 1949	Dec. 31st, 1950	Dec. 31st, 1951	Dec. 31st, 1952
FULL TIME					
Home Nurse-Midwives ..	44	43	38	37	35
Home Nurses.	81	91	104	99	99
Total	125	134	142	136	134
PART-TIME	2	—	2	3	2
Total full-time and part-time	127	134	144	139	136

It will be seen that some progress has been made in separating home nursing from midwifery, but in the interests of efficiency, economy, and administrative convenience consideration is being given at the present time to the re-arrangement of the nurses' areas.

The map facing page 72 shews the areas covered by Home Nurses (Areas 1 to 11) and by Home Nurse-Midwives (Areas A. to E.), the former serving in the hatched portions.

The Authority has a scheme by which nurses as well as midwives are able to obtain loans for purchasing cars. Appropriate travelling allowances are paid according to the type of vehicle in use. At the time of writing this report ninety-nine home nurses and home nurse-midwives out of a total of 135 are using motor cars, motor cycles or autocycles.

The Authority provides uniform for the nursing staff. Those nurses who practice midwifery wear the uniform prescribed by the Central Midwives Board and those who practise home nursing only, wear the uniform prescribed by the General Nursing Council, according to their qualifications.

It is a rule of the Authority that a nurse should live in the area for which she is responsible, in order that she may be readily available when called upon. Difficulty is sometimes experienced in nurses securing living accommodation in the area, but in the past a number of Local Sanitary Authorities have been helpful in letting houses to the County Council for occupation by home nurses, or alternatively renting the houses direct to the nurses. This action on the part of certain Local Sanitary Authorities has been much appreciated.

Description of any arrangements for liaison with hospitals.

Hospitals in and adjoining the Authority's area have been supplied with copies of the Health Services Handbook mentioned above, and are, therefore, aware of the names, addresses and telephone numbers of the home nurses.

Classification and proportion of main types of cases attended by nurses.

The following are the numbers of new cases and visits paid to patients from the 5th July, 1948, up to the end of 1952 :—

	5/7/48 to 31/12/48	1949	1950	1951	1952
NEW CASES NURSED.					
Medical	3,224	7,159	7,867	8,724	8,832
Surgical	1,823	3,866	3,965	4,357	4,366
Tuberculosis..	54	124	99	253	364
	5,101	11,149	11,931	13,334	13,562
VISITS PAID.					
General Nursing	109,604	245,338	284,790	314,320	315,996
Observation	2,325	4,141	3,991	4,219	4,037
Tuberculosis..	1,053	2,136	2,763	5,007	7,207
Casual	6,174	16,809	15,856	17,309	17,552
	119,156	286,424	307,400	340,855	344,792

It will be seen that the number of cases and visits have increased considerably over the period under review. Chemo-therapeutic substances are often administered by home nurses under medical direction, and in this connection the use of streptomycin and P.A.S. in the treatment of tuberculosis has led to an increased number of visits being paid.

Co-operation with General Practitioners.

A description of this has been given under heading 2 above.

Night Service.

While there are no arrangements by which Nurses can stay overnight to nurse patients, they are available to deal with any emergencies during the day or night.

Refresher Courses for nursing staff and arrangements, if any, for District Training.

The County Council's proposals under Section 25 of the National Health Service Act provide for sending nurses to post-certificate courses. Up to the end of 1952 it had not been found practicable to do this, but arrangements have been made for six nurses to attend courses during 1953.

No arrangements have been made for district nurse training.

Nursing Equipment.

All the nurses have been provided with sufficient nursing equipment to meet reasonable requirements, and where necessary have been provided with cupboards to store it. In addition, depots have been established at the County Offices, Derby, and the County Clinic, Brimington Road, Chesterfield, for the storage of reserve equipment and unusual items such as wheel chairs, Dunlopillo mattresses and beds with self-lifting poles for paraplegic cases. These are issued as occasion demands on the recommendation of the appropriate Medical

Practitioner. The assistance provided by the British Red Cross Society is referred to under heading 4. The Chesterfield Area Health Sub-Committee also has a store of equipment which is under the control of the Area Medical Officer.

9. VACCINATION AGAINST SMALLPOX AND IMMUNISATION AGAINST DIPHTHERIA.

These services are carried out in the County by the majority of general practitioners in addition to the Assistant School Medical Officers and the Maternity and Child Welfare Medical Officers employed on the staff of the Authority. The Administrative steps taken to give effect to the Authority's proposals under Section 26 of the National Health Service Act were as follows :—

IMMUNISATION.

(1) An invitation to all medical practitioners practising in the Administrative County to participate in the scheme ;
(2) A request to midwives to advise parents of the desirability of seeking advice regarding immunisation when their children attain the age of eight months ;
(3) A request to Health Visitors to take every opportunity to publicise and stress the importance of the scheme. In particular, they have been told that they have the duty of implementing the "First Birthday Card" scheme. Parents are informed that it is for them to decide whether they wish their own Doctor, or one of the Authority's Medical Officers, to carry out the immunisation ;
(4) A request to the Authority's Medical Officers to supplement the services of the general medical practitioners by carrying out immunisation at infant welfare and minor ailment clinics, as well as in schools. The facilities at the clinics are available upon request whenever the Medical Officer is in attendance ;
(5) An invitation to School Teachers to co-operate by obtaining parental consents for reinforcing injections to be given (or for primary immunisation to be carried out if necessary) in the case of school children. These children may be immunised at school, or at a reasonably accessible clinic.

VACCINATION.

Whilst the Act has not made it compulsory for persons to submit to vaccination, it is desirable that publicity be given to the facilities available, and in particular that parents be encouraged to seek vaccination for their children, preferably prior to their attaining the age of twelve months. After the birth of a child has occurred, Midwives and Welfare Centre staff advise the mother to see that the infant is vaccinated when it reaches the right age for the inoculation. Health Visitors (who are required to visit and follow up all notified births) advise parents personally when the child reaches about three months of age of the facilities for, and importance of, obtaining vaccination.

All medical practitioners practising in the area of the Authority have been invited to participate in the arrangements for vaccination

and have been informed where they may obtain the necessary lymph. Parents are, therefore, advised, if they desire their children to be vaccinated free of cost, to consult their private doctor, if he is providing services under the National Health Service Act.

Circular letters have been forwarded in an endeavour to ensure that all steps are being taken to obtain as large a number as possible of both vaccination and courses of immunisation, as follows :—

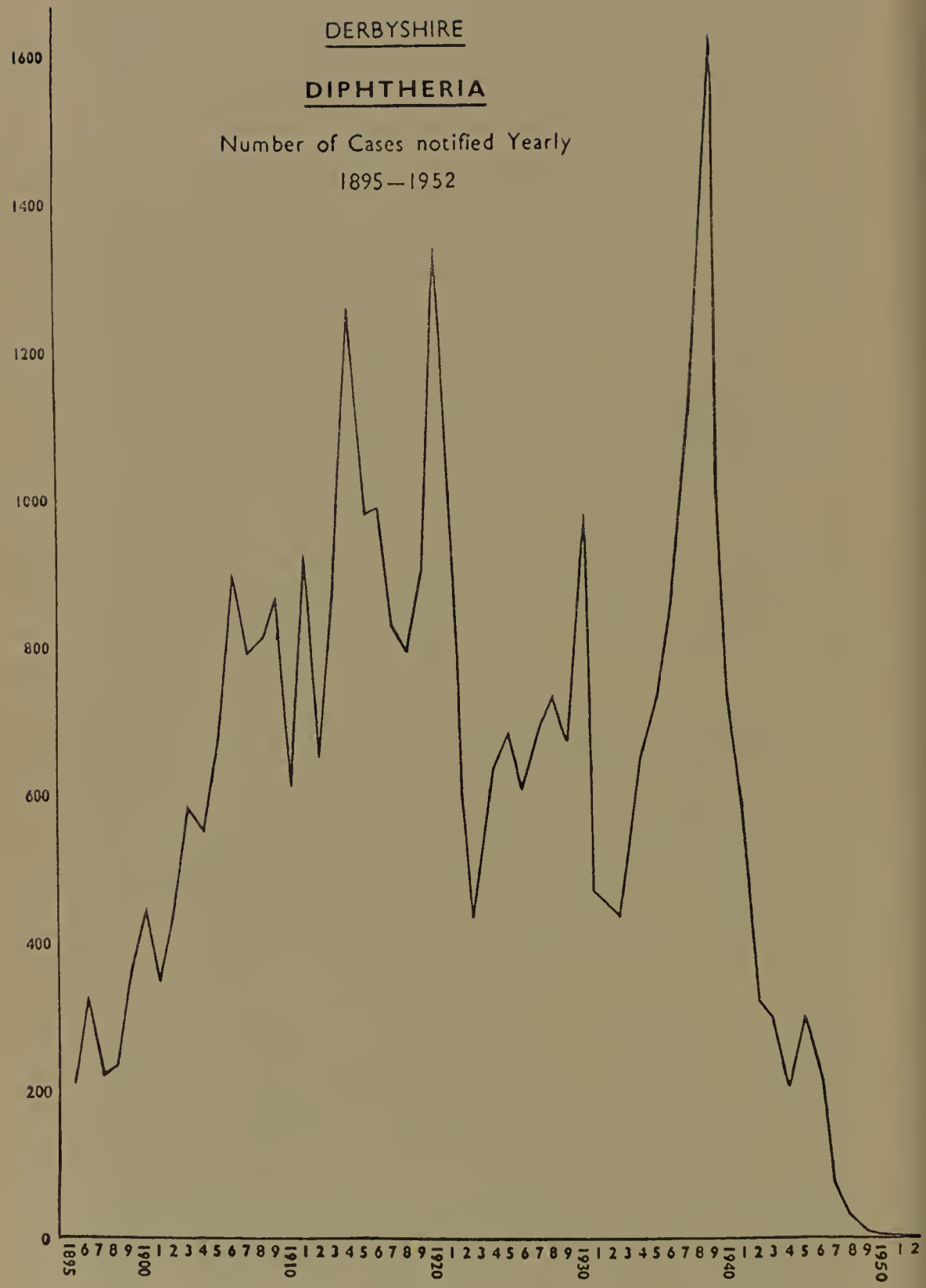
(1) Letter dated 6/4/1951 to all general practitioners, M. & C.W. Medical Officers, Assistant School Medical Officers, Health Visitors, Midwives and Home Nurses. This letter embodied a message from Sir John A. Charles, Chief Medical Officer, Ministry of Health, concerning the Diphtheria Immunisation Campaign. It will be remembered that the object of the campaign was to secure that at least 75% of all babies are immunised before the end of the first year of life. It was further pointed out that another difficulty is that the great reduction in the incidence and mortality of Diphtheria as a result of immunisation now makes it less easy to bring home to parents the vital importance of protecting their children than it used to be when most of them had first hand knowledge of the disease. The need for more organised and sustained personal persuasion from family doctors, Health Visitors, Nurses, etc., was also stressed.

(2) A further letter dated 17th June, 1952, addressed to all Assistant School Medical Officers, M. & C.W. Medical Officers, Health Visitors, Midwives and Home Nurses. This further letter, following the receipt of the Ministry of Health Circular 15/52 pointed out that a recent investigation had shown that the target of 75% of babies being immunised in the first year of life, was no longer being upheld and called for renewed efforts from all concerned in the Diphtheria Immunisation campaign.

It was further stressed that if parents left their children unprotected there might be a return of Diphtherial outbreaks and that there had been one or two sharp reminders of this fact in recent months. Sustained publicity was emphasised again to make parents realise that diphtheria was a deadly threat, and an organised system of personal persuasion by Medical Officers, Health Visitors and Nurses was advocated.

All record cards in respect of vaccination and immunisation are forwarded by Medical Officers on the staff of the Authority and general practitioners throughout the County to the County Medical Officer as and when courses are completed. Payment is made to general practitioners on a monthly basis in respect of cards received.

With regard to immunisation, for easy reference the official record card recommended by the Ministry of Health in Circular 96/50 is used, but in addition this is incorporated in a punched card system giving access readily, by reference both to the child receiving and the Medical Officer giving the prophylactic. This system has proved of invaluable help in the preparation of half-yearly and annual returns to the Ministry of Health in connection with Immunisation against diphtheria.


DERBYSHIRE
DIPHTHERIA
Number of Cases notified Yearly
1895—1952
1600
1400
1200
1000
800
600
400
200
0
1895 6 7 8 9 1900 1 2 3 4 5 6 7 8 9 1910 1 2 3 4 5 6 7 8 9 1920 1 2 3 4 5 6 7 8 9 1930 1 2 3 4 5 6 7 8 9 1940 1 2 3 4 5 6 7 8 9 1950 1 2

DERBYSHIRE

DIPHTHERIA

Number of Yearly Deaths

1895—1952

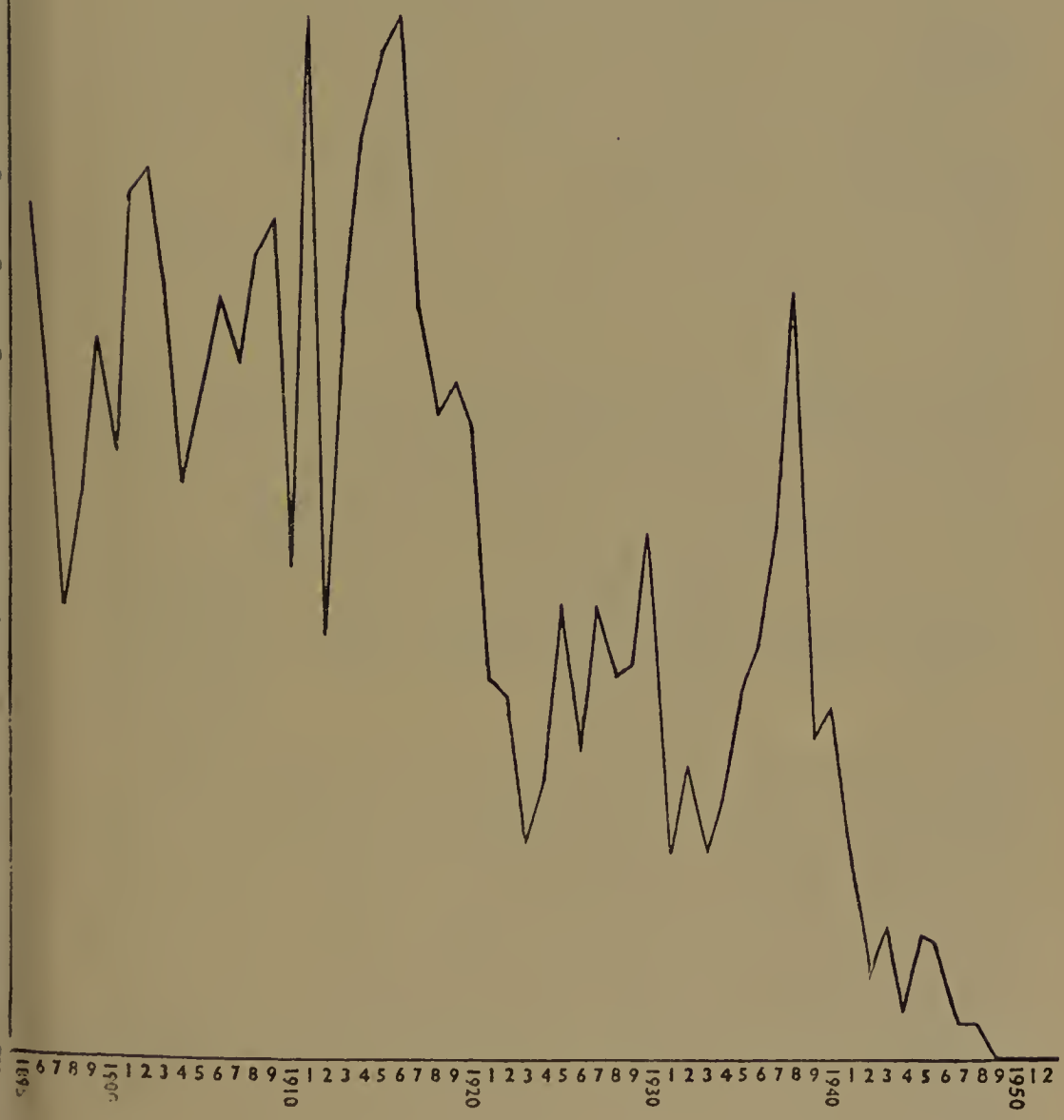


TABLE XXII.

The following is a copy of the return submitted to the Ministry of Health relating to the immunisation position in the child population at the 31st December, 1952.

I. IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of children at 31st December, 1952, who had completed a course of Immunisation at any time before that date (i.e., at any time since 1st January, 1938).

Age at 31.12.52 i.e. Born in yr.	Under 1 1952	1 1951	2 1950	3 1949	4 1948	5 to 9 1943-1947	10 to 14 1938-1942	Total Under 15
Number Immunised	246	3926	5187	5492	6466	44,110	39,679	105,106
Estimated mid-year child population, 1952	Children under five 46,300					Children 5—14 114,400		160,700

II. DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION DURING THE YEAR 1952.

Notifications			Deaths		
Age at date of Notification	*Number of cases Notified*	*Number of cases included in preceding column in which the child had completed a full course of Immunisation*	*Age at date of Death*	*Number of Deaths*	*Number of cases included in preceding column in which the child had completed a full course of Immunisation*
Under 1..	—	—	Under 1..	—	—
1	—	—	1..	—	—
2..	—	—	2..	—	—
3..	—	—	3..	—	—
4..	—	—	4..	—	—
5 to 9..	—	—	5 to 9..	—	—
10 to 14..	—	—	10 to 14..	—	—
Totals ..	—	—	Totals ..	—	—

The following is a table of primary immunisation injections administered during the last four years.—

TABLE XXIII.

		Primary		*Total*	*Boosters*
		0–4	5–15	0–14	0–15
1949..	..	5934	2180	8114	7205
1950..	..	4817	1342	6159	4452
	Under 1	1–4			
1951..	359	6162	1577	8098	5847
1952..	326	5356	1806	7488	6748

Prior to 1952 it was noted that some doctors allowed a considerable time to elapse before notifying that they had immunised a child, and as a consequence returns were sometimes sent to the Ministry which did not incorporate particulars of all immunisations carried out during the period under review, but in fairness to the doctors I think this state of affairs was accentuated by the number of official forms and cards they are required to complete. However, it is proposed to circularise all general practitioners when payment is made to them prior to June and December each year, calling for completed records to be forwarded to the County Medical Officer in time for fully accurate returns to be made to the Ministry of Health. It has been apparent, however, since the end of December, 1952, that this is, in fact, being done with the exception of a few isolated instances.

No arrangements have been made for immunisation against whooping cough as part of the approved scheme, although it did seem from the Medical Research Council's investigation, as reported in the British Medical Journal on the 30th June, 1951, that the type of vaccine kindly supplied to this Country by the Michigan Department of Health, U.S.A., appeared to give a measure of protection. It was decided by the Authority, therefore, to await some official guidance from the Ministry of Health, as was given by the Ministry regarding immunisation against diphtheria. Furthermore, to advocate wholesale immunisation prematurely might bring into disrepute a vaccine giving a degree of protection yet requiring further research for full efficacy.

The following gives details of children who have completed a course of immunisation in the various sanitary districts in the County up to the end of 1952.

TABLE XXIV.

	Under 1 1952	1 1951	2 1950	3 1949	4 1948	*Total* 0–4 Inc.	5–9 43/47	10–14 38/42	*Total* 5–14 Inc.	*Total*
Urban Districts.										
Alfreton ..	6	96	159	168	181	**610**	1228	1576	**2804**	**3414**
Ashbourne ..	3	26	61	48	91	**229**	600	605	**1205**	**1434**
Bakewell ..	6	43	32	29	30	**140**	220	186	**406**	**546**
Belper ..	1	30	92	96	116	**335**	706	458	**1164**	**1499**
Bolsover ..	6	83	83	103	115	**390**	1026	925	**1951**	**2341**
Buxton ..	16	146	185	233	219	**799**	1061	1030	**2091**	**2890**
Chesterfield ..	12	341	469	533	661	**2005**	5035	4141	**9176**	**11181**
Clay Cross ..	1	58	58	55	82	**254**	573	520	**1093**	**1347**
Dronfield ..	2	27	31	21	21	**102**	336	231	**567**	**669**
Glossop ..	16	174	210	218	226	**844**	1193	1002	**2195**	**3039**
Heanor ..	4	187	232	306	385	**1114**	1842	1712	**3554**	**4668**
Ilkeston ..	2	277	343	364	414	**1400**	1935	2103	**4038**	**5438**
Long Eaton	16	164	244	229	275	**928**	1602	1418	**3020**	**3948**
Matlock ..	5	110	147	104	187	**553**	989	944	**1933**	**2486**
New Mills ..	4	81	81	51	62	**279**	396	380	**776**	**1055**
Ripley	9	129	199	185	155	**677**	1261	1257	**2518**	**3195**
Staveley ..	1	98	136	103	79	**417**	607	782	**1389**	**1806**
Swadlincote ..	3	39	65	87	107	**301**	1083	1066	**2149**	**2450**
Whaley Bridge	1	21	44	28	42	**136**	413	353	**766**	**902**
Wirksworth ..	–	6	21	42	45	**114**	629	378	**1007**	**1121**
Rural Districts										
Ashbourne ..	10	70	118	105	202	**505**	1906	1079	**2985**	**3490**
Bakewell ..	1	53	81	92	147	**374**	869	971	**1840**	**2214**
Belper ..	15	163	186	252	304	**920**	2348	1739	**4087**	**5007**
Blackwell ..	23	206	267	257	278	**1031**	4051	3519	**7570**	**8601**
Chapel-en-le-Frith ..	2	109	89	104	103	**407**	517	355	**873**	**1279**
Chesterfield ..	21	398	536	605	750	**2310**	3968	3481	**7449**	**9759**
Clowne ..	3	64	136	150	165	**518**	1784	1614	**3398**	**3916**
Repton ..	6	112	177	176	201	**672**	1274	1326	**2600**	**3272**
Shardlow ..	51	615	705	759	823	**2953**	4658	4528	**9186**	**12139**
	246	3926	5187	5492	6466	**21317**	44110	39679	**83789**	**105106**

10. AMBULANCE SERVICE.

On the "Appointed Day" the County Council provided an Ambulance Service comprising sixteen Ambulance Stations, five being operated under agency arrangements. Only two stations, namely, Derby and Chesterfield, were manned throughout the twenty-four hours and they were operated by agents, the former from July 5th and the latter from August 10th, 1948. The remaining fourteen Stations were manned only during the day time, but driver/attendants were on "stand-by" duty at their homes at night. In order to ensure the use

of one telephone number for each Station at all times, external extensions from the respective Ambulance Stations were installed at certain selected drivers' houses, having regard to the proximity of their residences to the Ambulance Station and the facilities available to the Post Office Telephones for installing extensions. Whilst this system served its purpose as a temporary expedient, it was soon realised that it was far from ideal for an emergency Service, principally due to driver/attendants changing their places of residence, sickness, resignations, and in some instances, the inability of the Post Office Telephones to provide external extension telephones for various technical reasons, including lack of spare wires and unsatisfactory transmission. The County Council, therefore, have pursued a policy to abolish, as far as possible, "stand-by" arrangements and to establish additional "Main" Stations throughout the County.

The County Council's proposals for carrying out their duties under Section 27 of the Act were set out in my Annual Report for the year 1948. During 1951, emendations were made to the proposals governing the Council's Ambulance Service. These proposals, as approved by the Minister of Health, appeared in my Annual Report for 1951, and it has been thought unnecessary, therefore, to reprint them in this review.

In considering the following pages, reference may be made to the Table on page 103 which provides a list of Ambulance Stations and briefly indicates the development which has already been effected.

In the main the original location of the Ambulance Stations was satisfactory, although minor changes have been necessary because of unsuitable premises and the termination of agency arrangements.

The Minister of Health's approval to the development of the Service includes the proposed establishment of the following directly operated "Main" Stations to be manned throughout the twenty-four hours :—

Buxton—This is in lieu of the existing arrangement whereby the Station is manned from 7 a.m. to 7 p.m. only.

Mickleover—This will dispense with the agency arrangements with the Derby Joint Committee of the British Red Cross Society and the St. John Ambulance Brigade.

Ripley—The agency arrangement with Messrs. Joseph Allen and Sons of Belper will be discontinued and the directly operated Station at Alfreton, which is at present manned from 7 a.m. to 7 p.m. only, will be vacated.

Since the inception of the service, the New Mills Ambulance Station under the control of the Derbyshire County Council has been responsible for covering the Disley area of Cheshire throughout the twenty-four hours of the day. Similar arrangements, although modified to take account of local circumstances, have been made with other neighbouring Authorities along the whole of the County boundary. Undoubtedly, reciprocal arrangements of this type increase the efficiency, and at the same time decrease the cost, of the Service.

The following procedure is adopted for calling an ambulance :—

(*a*) *Urgent Calls.*

If ambulance transport is required to deal with an urgent case, such as a street accident, all that is necessary is to call the Telephone Exchange Operator and ask for "Ambulance." The caller would be automatically put through to the appropriate Ambulance Station, when the call would be accepted and dealt with regardless of whom the caller might be.

(*b*) *Non-Urgent Calls.*

If a patient is suffering from a non-urgent condition, an ambulance or other form of suitable transport would be provided as appropriate, on the authority of a doctor, dentist, nurse or midwife, providing, of course, the patient cannot reasonably be required to travel by public transport.

Since the "Appointed Day" the following changes have been made for dealing with calls from the areas indicated :—

Glossop—At this Station which is manned from 7 a.m. to 7 p.m. only, certain difficulties were experienced in connection with "stand-by" arrangements at night, and as from the 7th August, 1950, all emergency calls for "Ambulance" from the Glossop area were put through by the Telephone Exchange Operator to the Stalybridge Ambulance Station, which is manned throughout the twenty-four hours. Between the hours of 7 a.m. and 7 p.m., however, if it is geographically more expedient, the calls are relayed to the Glossop Ambulance Station. This arrangement was made with the Cheshire County Council in the interests of efficiency.

Bolsover—As from the 26th May, 1952, arrangements were made for emergency calls arising in the Bolsover area to be received at all times by the Chesterfield Ambulance Station which is manned throughout the twenty-four hours. All such calls arising during the period 7 a.m. to 7 p.m. are dealt with either by the Chesterfield Ambulance Station or passed to the Bolsover Station as circumstances dictate, and from 7 p.m. to 7 a.m. the emergency calls are dealt with by Chesterfield. This arrangement has completely dispensed with "stand-by "at Bolsover.

Alfreton—Similarly, as from 23rd April, 1951, all emergency calls arising in the Alfreton area have been received by the Chesterfield Ambulance Station and relayed to the Alfreton Station in the day-time, and, where practicable, to the "stand-by" personnel at night; this arrangement has been made in the interests of economy and it has obviated the necessity of the Alfreton Station manning the telephone continuously at night.

Eyam—From the 21st November, 1951, all calls from the Eyam area were received by the Bakewell Station and either relayed to the Eyam Sub-Station or dealt with by the Bakewell Ambulance Station according to circumstances.

The Council has kept hospitals and other institutions for the sick, general medical practitioners, dentists, nurses, domiciliary midwives, the Police, the Fire and Telephone Authorities, in or serving the County, informed of the addresses and telephone numbers of Ambulance Stations in the County and the method of calling an ambulance.

Whilst co-ordination of vehicle movement has been effected as far as possible by the close liaison of adjacent Stations, it is apparent that the introduction of additional "Main" Stations manned throughout the twenty-four hours will permit of additional control in the interests of efficiency and economy. As and when these "Main" Stations are set up, the communication system will require further review.

All requisitions for ambulance transport for long distance journeys have been referred to the Central Office in order to ensure that the most economical arrangements consistent with the requirements of the particular patient may be made.

Despite the action taken upon suggestions made by the Ministry of Health in May, 1949, by Local Health Authorities in collaboration with Hospital Authorities and Executive Councils for easing the load on the Ambulance Service, the trend of the demand showed that the call on the Ambulance Service, though fluctuating periodically, had in general continued to rise substantially, particularly for the transport of sitting cases. The Minister viewed this increase with as much concern as did Local Health Authorities, and in an effort to limit the demands without denying the help of the Service to anyone to whom it was genuinely necessary, he issued Circular 30/51 on the 9th July, 1951, setting out for the information of Local Health Authorities the action that he had taken with regard to calls by hospitals and general practitioners, and at the same time brought various other matters before Local Health Authorities for consideration. Appendix I. and Appendix II. of that circular were set out in my Report for the year 1951.

The County Council took the action required by Circular 30/51 and at the same time supplied on the 10th August, 1951, printed copies of "Rules on the use of the Service," together with pads of printed forms for requisitioning transport for non-urgent cases to :—

(*a*) Doctors, dentists, nurses and midwives practising in Derbyshire.

(*b*) Hospital Management Committees serving the County for the use of Officers mentioned in (*a*) employed by them.

Abuses are inevitable when a free service is provided but the great majority of requests for ambulance transport are genuine. If any case of abuse came to our knowledge it was taken up with the people concerned and their attention drawn to the Ministry's rules on the use of the Ambulance Service so that a recurrence of the abuse might be avoided.

It was pointed out that whilst one of the official forms must always be used by a doctor, dentist, nurse or midwife, when requisitioning transport for non-urgent cases, it was realised that there may be some patients who have to attend out-patients' departments

frequently, e.g., for physiotherapy treatment on, say, two days a week. In these circumstances, if such information were provided on the form, only one form need be completed for a period not exceeding two weeks. This concession was allowed in order to make the task not too burdensome on doctors, but it was emphasised that it must be realised that the cost of the Ambulance Service throughout the country was mounting, and that it was felt that some measure of control was necessary to prevent abuse of the Service.

Every effort was made by the County Council to limit the demands on the Service by all means at its disposal, such as, limiting the authorisation of transport for non-urgent cases to doctors, dentists, midwives and nurses. Much pressure was brought to bear on the Authority to agree to various classes of medical auxiliaries, such as, physiotherapists and radiotherapists, being allowed to do so, but this was resisted, as they always work under medical supervision.

If the statistics at the end of this section are consulted it will be seen that from September 1951 onwards there was a drop in the average daily mileage of a few hundred miles and the average remained fairly constant until June 1952, after which there seems to have been a tendency for the mileage to reach the figures that occurred during the early months of 1951.

Enquiries were made to see if an explanation could be obtained for the relatively sudden change and it was discovered that about this time, in order to reduce the hospital costs for the number of patients treated, patients were being discharged earlier to their homes but had to be provided with ambulance transport in order that they might have out-patient treatment instead.

The agreements with the Sheffield County Borough, Nottinghamshire County Council and Burton-on-Trent County Borough will be continued by which Derbyshire patients from certain "fringe" areas in the County were transported to places in their respective areas.

AGENCY ARRANGEMENTS.

The following Agency arrangements have been terminated :—

(1) *Chesterfield*—This agency was under the control of the Chesterfield Joint Ambulance Committee which had an Ambulance Station at the Drill Hall, Chesterfield. With the agreement of the Joint Committee the County Council took over control of the Station on 10th October, 1948. Subsequently these premises were vacated and the Station is now situate at Ashgate, Nr. Chesterfield.

(2) *New Mills*—This agency was under the control of the New Mills Motor Ambulance Committee and with the concurrence of that Committee was terminated on the 31st March, 1949, and the service has subsequently been directly operated by the County Council. The premises were originally situated at Rock Garage, New Mills, but the Station is now located at Hague Bar Road, New Mills.

(3) *Eyam*—The agency agreement with the Peak District Ambulance Service was terminated on the 31st July, 1951. From that date the Station was operated directly by the County Council as a temporary Sub-Station of the Bakewell Ambulance Station. In 1952, with the Ministry's approval, it was closed as it was only seven miles from Bakewell, and therefore the area could easily be covered from the Ambulance Station there.

At present only two Stations are operated by agents, those at Derby and Belper. Fixed charges, together with reimbursement of certain expenditure, are paid in the former case and fixed rates per mile in the latter.

As previously pointed out in this Report, the introduction of the additional "Main" Stations at Mickleover and Ripley will dispense with these two agencies.

HOSPITAL CAR SERVICE.

At the inception use was made of this supplementary Service only to a limited extent, due principally to the period of notice required when requisitioning transport. It was found more practicable to utilise the Service for long distance journeys as it enabled us to conserve our own resources for dealing with local work. Due to the requirement of forty-eight hours notice and the decrease in the number of drivers on the Hospital Car Service register, it was found more expedient for the journeys to be undertaken by our own directly operated Service, particularly as our own fleet of sitting case cars had been increased. An added complication arose in that the charge per mile at the time made by the Hospital Car Service was 7d., whereas under the recommendations of the County Councils Association only 6d. per mile was recoverable by the County Council in respect of journeys undertaken on behalf of another Local Health Authority. The Hospital Car Service was last used to supplement the Ambulance Service in 1949.

CONVEYANCE OF MENTAL PATIENTS.

In accordance with Circular 100/47, arrangements were made at the inception of the Service with the Derby No. 3 Hospital Management Committee for a sitting case car to be located at the Pastures Hospital, Mickleover, for the specific purpose of conveying mental patients to and from that Hospital. The Hospital Management Committee provides drivers and attendants as required and the County Council reimburse the Committee the drivers' wages when employed for this purpose. This arrangement, which is still in operation, has proved satisfactory, particularly as it enables properly qualified and experienced attendants to accompany the patients to hospital.

CONVEYANCE OF PATIENTS BY RAIL.

The County Council's approved proposals include the following:—
"Where it is necessary for the Local Health Authority to provide

transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some other way involving special arrangements with the railway undertaking, the Local Health Authority propose to arrange accordingly."

Such arrangements were instituted where practicable in the interests of economy as well as to conserve the ambulance resources for local emergency work.

On the 25th May, 1949, the Minister of Health issued Circular LHAL.3/49 on this subject, and as a consequence the County Council notified all general practitioners in the administrative County, through the Executive Council, of the arrangements which the Ambulance Service were able to make for sending patients by rail when they had to make long distance journeys.

Although generally forty-eight hours' notice is required for the necessary steps to be taken with the Railway Executive to secure the reservation of suitable accommodation, they have afforded every assistance where that period of notice has not been possible.

Ambulance-rail-ambulance transport is often considered an inprovement on only ambulance transport for the whole of a long distance journey, and it is felt that more use might be made of rail facilities.

INFECTIOUS DISEASES.

Since the 5th July, 1948, all cases of infectious diseases requiring ambulance transport have been dealt with by the general Ambulance Service and no specific vehicles have been set aside for this purpose. No ambulances are located at Fever Hospitals. Personnel have been instructed in the transportation of such patients and in the disinfection of ambulance bedding, equipment and vehicles.

To minimise the risk to personnel from contact with infectious diseases, it has been decided to arrange for vaccination and immunisation to be carried out.

The following Table shows the number of vaccinations and immunisations carried out during the last four years :—

Year	*Smallpox Vaccinations*	*Diphtheria Immunisations*
1949	10	23
1950	10	70
1951	71	27
1952	61	—

As far as vaccination against smallpox is concerned, it is proposed that roughly half the personnel at each Ambulance Station be vaccinated each year, which means in effect that all men will be vaccinated once every two years.

CO-ORDINATION OF EMERGENCY SERVICES.

During 1952, exercises took place in conjunction with the Police and Fire Services in order to formulate a system for dealing with any major disasters which might arise, such as crashed aircraft and train disasters. The exercises carried out were primarily from the standpoint of communications and subsequently a mobility exercise was arranged when token vehicles were sent to the "incident." Liaison with the representatives of the Railway Exceutive was made and the experience gained proved valuable. These exercises have so far been confined to "incidents" on the "fringe" of the County and County Borough boundary, but it is proposed to extend them to include the remainder of the County.

PREMISES.

The provision of a new Ambulance Station at Ashgate, Chesterfield, to replace the unsatisfactory accommodation at the Drill Hall, Ashgate Road, Chesterfield, was dealt with in my Annual Report for the year 1950, when it was pointed out that the particular new premises were chosen for two special reasons, namely, (*a*) that in the interests of economical running of ambulances, the new Station should be sited near the main hospital centre, and (*b*) that from the Civil Defence standpoint there was much to be said for an Ambulance Station being placed on the periphery of a town away from industry. The Minister of Health on the 27th July, 1950, issued Circular 60/50, together with Memo. LHS.1. containing "Notes on the Siting and Planning of New Stations," which advised a policy similar to that which the Council had already applied.

Having regard to the guidance given by the Minister in the circular, sites for new Ambulance Stations were sought, and the County Council has included the following projects in their Capital Building Programme for the year 1953/54 :—

	Total Cost of Scheme
	£
Buxton Ambulance Station—Adaptation Empire Hotel	8,050
Ripley Ambulance Station—New Building	12,600
Mickleover Ambulance Station—New Building ..	12,600
Glossop Ambulance Station—Adaptation of Talbot House outbuildings	600
New Mills Ambulance Station—New Building ..	6,000
Bakewell Ambulance Station—New Building.. ..	7,000
Bolsover Ambulance Station—New Building ..	8,000

The completion of these projects will undoubtedly contribute to the increased efficiency of the Service.

TELECOMMUNICATIONS.

The question of the provision of wireless, either as an independent scheme for the sole use of the Ambulance Service or as a joint scheme in conjunction with another Department of the County Council has received consideration, but up to the present the Council has not approved the use of telecommunications for the Ambulance Service.

PERSONNEL.

Safe Driving Awards—In consequence of the County Health Committee's resolution in June, 1949, drivers employed at Directly Operated Ambulance Stations were entered for the National Safe Driving Competition of the Royal Society for the Prevention of Accidents.

The following Table shows the results of the 1952 Competition together with those of the previous three years :—

Year	*Entered*	*Not Eligible*	*Dis-qualified*	*Diplo-mas*	*5 year medal*	*Bar to 5 year medal*	*10 year medal*	*Oak Leaf Bar to 10 year medal*	*Exemp-tion*
1949	77	1	19	56	—	—	1	—	—
1950	101	4	23	71	—	1	—	—	2
1951	123	2	22	94	—	1	—	1	3
1952	127	4	21	92	3	2	—	3	2

The Chairman of the County Health Committee has journeyed to different Ambulance Stations from time to time in order to present the awards to the successful entrants.

Progressively throughout the year road accidents were reviewed and disciplinary action was taken in all cases of carelessness and negligence in accordance with the policy of the County Council.

The constant review of the incidence of road accidents has shown that the standard of driving on the road generally has been good and that a large proportion of the accidents, which have been minor in nature, have occurred at such places as Ambulance Stations and Hospitals.

First Aid—At the inception of the Service, every endeavour was made, where possible, to engage ambulance personnel with both driving and first aid qualifications in order that Drivers and Attendants would be interchangeable in their duties. In some instances, however, it was found necessary to employ personnel with only one of those qualifica-

tions, which in the majority of cases, was driving. The County Council requires all ambulance personnel to take a refresher course in first aid every year where practicable, and, in any case, every two years.

The County Health Committee in March, 1952, decided that a new entrant to the Ambulance Service as a driver/attendant, not qualified in first aid, be allowed twelve months in which to obtain a recognised certificate.

Establishments—In July, 1948, driver/attendants were not engaged at the respective Ambulance Stations up to the full establishments approved, in order to allow for adjustments in the light of experience. The introduction of a forty-four hour week, as opposed to the forty-eight hour week, necessitated a review of the establishments, and in 1950, the County Health Committee approved the adjustments set out in my Annual Report for that year. The policy which had been applied, permitted this being done without creating redundancies or necessitating the transfer of personnel from one Station to another. The only increase in the establishments since the inception of the Service occurred in 1951 when the agency at Eyam was terminated.

The following Table shows the establishment and strength of ambulance personnel at Directly Operated Stations on the 31st December, 1952 :—

	Establishment			Strength		
Ambulance Station	*Station Super-intendents*	*Sub-Stat. Super-intendents*	*Driver Attend-ants*	*Station Super-intendents*	*Sub-Stat. Super-intendent*	*Driver/ Attend ants*
Alfreton ..	1	–	8	1	–	8
Ashbourne ..	1	–	5	1	–	5
Bakewell ..	1	1	9	1	–	8
Bolsover ..	1	–	8	1	–	7
Buxton ..	1	–	8	1	–	8
Chesterfield	1	–	33	1	–	33
Glossop ..	1	–	7	1	–	7
Heanor ..	1	–	8	1	–	8
Ilkeston ..	1	–	8	1	–	8
Long Eaton	1	–	9	1	–	9
Matlock ..	1	–	8	1	–	8
New Mills ..	1	–	6	1	–	6
Swadlincote	1	–	6	1	–	6
Totals ..	13	1	123	13	–	121

VEHICLES.

The County Council has endeavoured to apply a policy of standardization of vehicles in the interests of economy and efficiency. Apart from three Ex War Department Type Austin ambulances which it was necessary to purchase in 1948 on account of the difficult supply position,

the County Council has purchased only Bedford ambulances and Austin sitting case cars.

At the end of 1952, the Council were still operating seventeen pre-war ambulances, some of which have since been set aside and converted for Civil Defence training purposes.

Repairs are carried out by local garages, but the Council is considering the establishment of its own central repair and maintenance depot.

The following vehicles were operating on the 31st December, 1952 :—

(a) DIRECTLY OPERATED AMBULANCE STATIONS.

Location	*Number of Ambulances*	*Number of Cars*
Alfreton	4	1
Ashbourne	2	–
Bakewell	2	–
Bolsover	4	1
Buxton	4	1
Chesterfield	10	2
Eyam (Temporary Sub-Station)	1	1
Glossop	3	–
Heanor	4	1
Ilkeston	3	1
Long Eaton	5	1
Matlock	3	1
New Mills	3	–
Swadlincote	3	1
Not Allocated ("Pool" Vehicles)	3	–
Awaiting Disposal	1	–
Civil Defence Vehicles	4	–
On loan at :—		
Derby	–	1
Mickleover	–	1
Totals	59	13

(b) AMBULANCE STATIONS OPERATED UNDER AGENCY ARRANGEMENTS.

Location	*Number of Ambulances*	*Number of Cars*
Belper	1	2
Derby	6	–
Totals	7	2

TABLE SHOWING DEVELOPMENT OF AMBULANCE SERVICE SINCE 5th JULY, 1948.

Directly operated ambulance stations shown in CAPITALS. Agencies shown in lower case type

On Appointed day	1948	1949	1950	1951	1952
ALFRETON					All emergency calls received by .. CHESTERFIELD from 26.5.52.
ASHBOURNE		December occupation of adapted premises.			
BAKEWELL..					
Belper					
BOLSOVER					"Stand-by" arrangement abolished, night cover by CHESTERFIELD from 26.5.52.
BUXTON					
Chesterfield *	CHESTERFIELD (Became directly operated 10.10.48).		New Station opened at Ashgate, Chesterfield 3.12.50.		
Derby *					

TABLE SHOWING DEVELOPMENT OF AMBULANCE SERVICE 5th JULY, 1948—continued

Directly operated ambulance stations shown in CAPITALS. Agencies shown in lower case type

On Appointed day	1948	1949	1950	1951	1952
Eyam				EYAM became directly operated on 31.7.51 as temporary Sub-Station of BAKEWELL	
GLOSSOP			"stand-by" arrangements abolished, night cover by Stalybridge (Cheshire C.C.) from 7.8.50.		
HEANOR					
ILKESTON					
LONG EATON					
MATLOCK					
New Mills		NEW MILLS became directly operated on 1.4.49.			
SWADLINCOTE					

* 24-hour Main Stations. N.B. All Day Stations doing their own night "stand-by" unless otherwise stated.

STATISTICS.

The following Table shows the respective mileages of ambulances and sitting case cars directly operated by the County Council and by agents operating on behalf of the County Council :—

952	AMBULANCES			CARS.			TOTALS		
	Total Cases	*Emergency Cases*	*Mileage*	*Total Cases*	*Emergency Cases*	*Mileage*	*Total Cases*	*Emergency Cases*	*Mileage*
uary	8,985	937	90,495	2,310	78	30,444	11,295	1,015	120,939
ruary	8,670	822	86,255	1,896	82	27,697	10,566	904	113,952
rch ..	9,275	880	91,317	1,977	84	28,788	11,252	964	120,105
ril ..	10,434	884	87,055	2,319	87	28,646	12,753	971	115,701
y ..	12,104	932	97,680	2,430	114	30,547	14,534	1,046	128,227
ne ..	10,215	892	85,779	2,167	55	25,550	12,382	947	111,329
y ..	11,771	887	93,516	2,780	89	34,002	14,551	976	127,518
gust..	10,014	976	86,142	2,512	92	31,429	12,526	1,068	117,571
pt. ..	10,832	899	91,560	2,918	89	32,108	13,750	988	123,668
tober	12,712	909	99,004	2,726	73	31,310	15,438	982	130,314
v. ..	10,177	861	92,874	2,498	76	27,687	12,675	937	120,561
c. ..	11,100	995	94,289	2,417	92	28,047	13,517	1,087	122,336
Totals	126,289	10,874	1,095,966	28,950	1,011	356,255	155,239	11,885	1,452,221

The following Table shows the development of the Service since July, 1948 :—

Month	*Average Daily Mileage*				
	1948	1949	1950	1951	1952
January	—	2,676	3,560	4,100	3,901
February ..	—	3,021	3,556	4,115	3,929
March	—	3,297	3,716	4,132	3,874
April	—	2,999	3,440	4,091	3,856
May	—	2,973	3,900	4,135	4,129
June	—	3,018	4,039	4,356	3,710
July	1,717	3,204	3,890	4,262	4,113
August	1,888	3,346	3,639	3,895	3,792
September ..	2,143	3,496	3,669	3,716	4,122
October	2,328	3,453	3,901	3,890	4,203
November ..	2,791	3,547	4,081	3,906	4,018
December ..	2,674	3,257	3,743	3,554	3,946

During the year 11,885 emergency cases were dealt with by the Ambulance Service. This represents one case on the average every forty-five minutes of the day and night throughout the year.

The following Table shows the average number of miles travelled per patient each year since the 5th July, 1948 :—

Year.	*Miles.*
1948	14.3
1949	13.3
1950	11.8
1951	11.0
1952	9.3

The decrease is no doubt due in some degree to the better co-ordination of vehicle movement brought about by experience gained and closer liaison between the various Stations. The progressive increase in the number of patients carried together with a diminution in the miles travelled per patient may be due to some extent to an increased number of patients being conveyed in an ambulance at any one time. With regard, however, to the figure of 9.3 miles for 1952, it is pointed out that the appreciable decrease on previous years is due to some extent to the application of the following definition of "Patient" as from January 1st, 1952 :—

> "Patient" means one patient carried once in one direction, i.e., a patient taken to a hospital and later in the same day taken home again counts as two, whether or not the ambulance waits to take the patient home."

This definition was given for statistical purposes in the Explanatory Notes to Ministry of Health Circular 25/51 dated the 18th June, 1951, and varied with that applied by this Authority hitherto, resulting in an increase in the number of "patients" carried.

11. PREVENTION, CARE AND AFTER CARE

(i) *Tuberculosis.*

Under the National Health Service Acts, District Medical Officers of Health are required to forward to the County Medical Officer of Health copies of notifications of infectious disease, including tuberculosis. From this information a register of all cases in the County is kept in the Central Office. Health Visitors are informed each week of all new cases, so that they may visit and give appropriate advice to the patient and relatives. Particulars of all notified cases are also forwarded to the Chest Physicians with a view to (i) arrangements being made for the treatment of patients ; and (ii) their care in the community while awaiting admission to sanatoria. Regarding (ii), the Chest Physicians' recommendations are accepted concerning any services that come within the range of the Authority's "Care and After Care" scheme. The Chest Physicians, who are part-time Officers of the Local Health Authority, inform the Department of new cases attending their Clinics, and of patients removed from the register as having recovered from the disease, as having left the district, and so on, and this information, in turn, is passed from the Department to the Health Visitors.

On the recommendation of the Chest Physicians the Authority provides open air shelters, loans beds and bedding to tuberculous patients to enable them to sleep alone, and provides extra nourishment in the form of milk up to two pints a day. The Authority also provides sputum flasks, which as a general rule are distributed from the Chest Clinics. When unsatisfactory home conditions or overcrowding are reported by the Health Visitors, copies of their environmental reports are forwarded to the Medical Officer of Health of the appropriate Sanitary Authority, so that he might be in a position to decide whether to advise better housing accommodation being provided. In this connection also the Chest Physicians make recommendations direct to District Medical Officers of Health. Patients who appeear to be eligible for assistance under the National Assistance Act are referred to the Local Officer of the National Assistance Board, who has wide powers in granting assistance in case of necessity.

Bacillus Calmette-Guerin (B.C.G.) Vaccination against Tuberculosis.

This form of vaccination is carried out under the control of the Consultant Chest Physicians. By the end of 1949 arrangements had been made for B.C.G. vaccination being given to suitable patients in the County, but early in January 1950 the Ministry of Health indicated that supplies would not be available for a time owing to certain technical difficulties. Later in the year supplies again became available and by the end of 1950 the scheme was operating to a limited degree. The number of persons vaccinated during the last three years are as follows :—

1950	—	38
1951	—	164
1952	—	195

Up to the present it has not been possible to operate the scheme fully owing to illness and vacancies in the establishment of medical staff in the Southern part of the County, but it is anticipated that the position will improve in 1953. There was a falling off of patients vaccinated in the North-eastern and central areas during the latter half of 1952, and the Consultant Chest Physician concerned stated that this was due to the fact that in the past the contacts of old cases had been vaccinated. These had been dealt with, and as a consequence only the contacts of new cases need be vaccinated in the future.

Mass Radiography.

Close liaison has been established through the Regional Hospital Boards with the various Mass Radiography Units operating in or near the County. It is usual for the County Medical Officer to be informed of the programme of the Mobile Units, and in turn the Chest Physicians are informed with a view to full advantage deing taken of a Unit while operating in their areas. The Medical Directors in charge of the Units have forwarded to the County Medical Officer statistics of the surveys carried out, which are subsequently passed to the Chest Physicians for their information.

During 1950 the Mobile Units operated to a limited degree, and full details of the work carreid out were not available. However, in 1951 the Medical Directors kindly supplied comprehensive details of the surveys from which it has been ascertained that the total number of persons examined by the three Units was 31,312. Of these, 185 were classified as tuberculous. This gives a rate of 0.6% (6.0 per 1.000), The number found to be suffering from active disease was thirty-four, which is at the rate of 0.1% (1.0 per 1,000) of the persons X-rayed. The Medical Directors have continued to forward details of the surveys carried out during 1952, but complete figures for the year are not yet available.

Advantage has also been taken of having numbers of school-children X-rayed by Mass Radiography Units during 1952 following the discovery on two occasions of teachers and on two other occasions of schoolchildren suffering from tuberculosis.

During 1952 a Unit based on Nottingham carried out six surveys in the Southern part of the Administrative County. Dr. W. Guthrie, the Medical Officer in charge of the Unit, has kindly provided me with statistics of each of these surveys from which I have extracted the following information :—

	Males	*Females*	*Total*
General Public and Employees ..	6,972	7,565	14,537
School Children	1,405	1,357	2,762
Total	8,377	8,922	17,299

Of the 17,299 persons examined, 110 were classified as tuberculous. This gives a rate of 0.6% (6 per 1,000). The details are shown in the following table :—

	Adults	*Children*	*Total*
Active Pulmonary Tuberculosis ..	10	1	11
Observation Pulmonary Tuberculosis	44	10	54
Inactive Pulmonary Tuberculosis ..	44	1	45
Total	98	12	110

Sixty-four were found to have an abnormality of a non-tuberculous nature.

In industrial groups the average response rate was 68% and in organised groups of school children the average response was 87%. These figures may be considered reasonably satisfactory.

Dr. W. J. Wilson, Medical Director of a Mass Radiography Unit based on Sheffield, kindly supplied the following details in respect of surveys carried out in this County by the Unit under his control :—

	Number of attendances for Miniature films :		
	Males	*Females*	*Total*
Industrial Groups in Chesterfield ..	3,341	794	4,135
Public Session in Chesterfield ..	2,988	4,695	7,683
Whittington Hall Mental Hospital ..	13	460	473
Eckington Grammar School			
Scholars	282	191	473
Staff	11	17	28
Total	6,635	6,157	12,792
Number of persons referred to Chest Clinic	73	28	101

The major portion of the work of Dr. Wilson's Unit is undertaken outside the County of Derby, but he forwarded me a copy of his report for the year 1952 on the operation of his Unit, and has very kindly agreed to appropriate excerpts being included in my Annual Report. They are as follows :—

"In December, a special survey of all pupils and staff of Eckington Grammar School was undertaken at the request of the Medical Officer of Health for Derbyshire, following the discovery of a case of Pulmonary Tuberculosis at the School.

An excellent response was also obtained in Chesterfield, when over 5,000 of the general public, out of a total of 8,243, were examined during the survey at the Town Hall.

In response to the Board's recommendations, more time has been devoted to public sessions and nearly eight months out of a total working period of ten and a half months were spent in this way. This has inevitably resulted in fewer industrial surveys. The Unit now has a long waiting list and pressing requests from all parts of the area continue to arrive. Every effort is being made to meet these requests in order of application.

In addition to their importance in the detection and prevention of Chest Diseases, industrial surveys continue to have considerable propaganda value, and the excellent response of the public in Chesterfield, was largely attributed to the preliminary visits of the Unit to factories in the district.

It is also of interest to note that the incidence of Pulmonary Tuberculosis in the Chesterfield factory groups (about 1 per cent), was approximately the same as in those persons attending the public sessions.

It is the intention to pay annual visits to Rotherham, Barnsley and Chesterfield, where priority will be given to public sessions and a selected number of short industrial surveys will be arranged.

During the current year, the Regional Hospital Board accepted an additional Mobile X-ray Unit, which was allocated to the Sheffield Area. This Unit was delivered on the 2nd December. It is considered that this Unit will commence to operate during the summer of 1953, when the necessary staff have been appointed and trained.

Provision has been made by the Regional Board for the purchase of a twelve seater bus, to be used for the transporting of staff and equipment to and from the place of survey. An order has been placed for this vehicle and delivery is expected in May 1953. This vehicle will obviate the hiring of a private taxi for staff transport."

Dr. H. B. Slater, the Medical Director of a Unit based on Stockport, reports that his Unit did not operate in this County during 1952.

Thanks are due to the Medical Director of a Mass Radiography Unit at Nottingham, Dr. A. E. Beynon, for his assistance in investigating the contacts of a case of tuberculosis at a school in South Derbyshire.

Two hundred and ninety-six scholars and nineteen teachers were X-rayed by Dr. Beynon at Nottingham. Thirty children and two teachers were recalled for large films, and of these, two children were found suffering from tuberculosis, one in a relatively mild form requiring only observation. The other case was admitted to hospital as a result of the investigation.

Protection of Children against Tuberculosis.

The Joint Tuberculosis Council has made certain recommendations to the Minister of Health, one being that "No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children unless and until the disease is certified as arrested. Any candidate for such employment should therefore not be engaged without a medical examination, including an X-ray examination of the Chest.

The Ministry of Health issued Circular 64/50 (July 1950), requesting the County Council "to do all they can to have the recommended measures carried out for the protection of groups of children in their care in their capacity as local health authority, including children in day nurseries." Accordingly arrangements were made for the X-ray examination of day nursery staff on appointment, and annually thereafter.

Home Office Circular 228/1950 (December 1950), asked authorities to apply the above recommendations to staffs of children's homes, residential nurseries, remand homes and approved schools. Arrangements similar to those mentioned above were, therefore, put into effect.

On the 28th March, 1952, the Ministry of Education issued Circular 248 on the protection of school children against tuberculosis and Circular 249 on the medical examination of entrants to courses of training for teaching and to the teaching profession. The implications of these Circulars were considered by the Education Special Services

Sub-Committee on the 9th December, 1952, and amongst other things, it has been agreed that from the 1st April, 1953, teachers entering service for the first time, and certain other classes of full-time workers, shall be reqiured to undergo an X-ray examination before appointment.

In the above-mentioned Circulars it is pointed out that where X-ray examination is carried out by a mass radiography unit, no charge will be made. Where, however, it is necessary to arrange for individual X-ray examinations at hospitals or chest clinics, charges may be payable, and the County Council has power to pay these in their capacity as local health authority, and expenditure will rank for Exchequer Grant from the Minister of Health as expenditure in connection with the prevention of tuberculosis under S.28 of the National Health Service Act, 1946. The County Council has agreed to pay any necessary expenditure incurred in X-raying staff in order to comply with the recommendations contained in the above circulars as regards travelling expenses and fees for X-ray examinations when mass radiography units are not accessible.

The arrangements for prevention, care and after-care, are closely co-ordinated with the diagnostic and treatment Services as is borne out in the following report from Dr. Kingston, one of the Consultant Chest Physicians :—

> "A regular exchange of information between the Chest Clinics in the area and the County Medical Officer works smoothly and effectively. Chest Physicians are informed by the County Medical Officer of all new notifications of Tuberculosis, and Health Visitors' reports on home conditions of tuberculous patients are also sent to the Chest Physicians concerned, as, also, are particulars of deaths from Tuberculosis, patients' changes of address, etc., which become known to the County Medical Officer. Weekly returns from Chest Clinics inform the County Medical Officer of new cases seen, removals from Clinic Registers (Recovered cases, Transfers to other areas, etc.) and changes of address. The County Medical Officer is also informed of admissions to and discharges from sanatoria.
>
> All the Health Visitors engaged in Tuberculosis work are part-time and they have other health visiting duties under the County Council. There are shortages of Health Visitors in some areas in the County and, in an area where a shortage exists, a Health Visitor from a contiguous area visits the understaffed area whenever time permits, but there is naturally less visiting done than one would wish for with a complete staff. A regular Health Visitor does, however, attend each Clinic session at the different Chest Clinics in the area.
>
> There is no Almoner on the staff of the County Medical Officer nor is there sufficient accommodation at the Chest Clinics for such an official, but all tuberculous patients, known by the Chest Physicians to need services provided by the Local Health Authority, are reported to the County Medical Officer.

Examination of Contacts.

Contacts of notified cases of Tuberculosis are examined as a routine at the Chest Clinics. Attendance for examination is advised by the Chest Physicians at the Chest Clinics and by Health Visitors when they are visiting the homes of patients.

B.C.G. Vaccination.

A scheme has been prepared for the B.C.G. vaccination of contacts of known cases of Tuberculosis in the southern part of the County but, owing to the very unsettled position in regard to the medical staff available for this duty (through illness and vacancies in the establishment), it has not been possible to carry out more than a few 'token' vaccinations. With the appointment recently of a permanent Assistant Chest Physician in the area, however, prospects of a full-scale programme being carried out are brighter, and it is intended that this shall be started early in 1953.

Housing.

Unsatisfactory housing conditions in respect of tuberculous cases are reported by the Chest Physicians direct to the Medical Officer of Health for the district concerned. Generally speaking, recommendations for priority re-housing of infectious tuberculous cases receive very favourable consideration from the local housing authorities, and a considerable number of patients in the area have been re-housed.

Nursing Requisites.

A stock of beds, bedding, clothing, air cushions, back-rests, bedpans, open-air shelters, etc., is held by the County Health Department and requests made by Chest Physicians for any of these items to be supplied to patients are dealt with by the County Medical Officer's staff.

Extra Nourishment.

A form is completed by the Chest Physician when, in his opinion, a patient needs extra nourishment and this is forwarded to the County Medical Officer, who is able to grant free milk, provided that the patient's income is within the limits imposed by the Scale approved by the County Council.

Domestic Help.

It is extremely difficult to persuade suitable women to undertake this service for tuberculous patients but, at the request of Chest Physicians, the County Medical Officer will provide Home Helps when it is possible to do so. Before a Home Help is allowed to commence duties in a tuberculous household, she is examined and X-rayed at a Chest Clinic and her duties are explained to her by a Chest Physician.

Return to Employment.

In many cases, when a patient becomes fit for work, he is able to go back to the job he had before his illness but, when this is not possible, as assessment of his capacity for work is made by the Chest Physician on Form D.P.I. (X)—a registration form issued under the Disabled Persons (Employment) Act, 1944—and this is sent to the Ministry of Labour who either places the patient in suitable employment or, if this has been recommended by the Chest Physician, the patient may be sent for a course of training at a Ministry of Labour Rehabilitation Centre. Alternatively, in the case of patients employed by large undertakings such as British Railways or British Celanese, Ltd., Chest Physicians might ask for the assistance of the Works Medical Officer in obtaining suitable work for his patients.

Home Nursing.

The shortage of sanatorium beds and the now widespread use of chemo-therapy in the treatment of Tuberculosis has brought about a considerable increase in the number of patients treated at home. When active domiciliary treatment is advised by the Chest Physician, the General Practitioner in whose care the patient is, is able to secure the services of a nurse from the Home Nursing Service to carry out necessary injections in the patient's home."

As mentioned previously in this report, opportunity has been taken in recent years to include relevant extracts from reports by the medical staff of the Department, and in 1951 this opportunity was extended to include the Chest Physicians who are in the part-time services of the Local Health Authority.

The above report by Dr. C. Kingston was submitted earlier this year and was included in the Special Survey Report which was submitted to the Ministry.

The publication of vital statistics for 1952 later enabled Dr. T. A. Blyton and Dr. C. Kingston, the Consultant Chest Physicians for the major part of the County, to collaborate in writing a more comprehensive report which is set out below :—

"*Incidence.*

Fears have been expressed in some quarters that the success of modern chemo-therapy in lengthening the lives of incurable, and often infective, cases of Respiratory Tuberculosis would build up in the community and increase the number of actual or potential sources of tuberculous infection, and that the number of new cases would inevitably rise.

This is a disquieting theory which cannot be confirmed or refuted until some years have elapsed, but the number of new notifications in Derbyshire during 1952 reveals no alarming increase in incidence of the disease. Nor, on the other hand, does it offer any evidence of diminishing incidence.

The number of cases of Respiratory and Non-respiratory Tuberculosis notified in Derbyshire during 1952 is the highest total since 1949, but it is normal for this total to fluctuate slightly from year to year and the 1952 figure of 569 new cases compares with an average for the five years 1948—1952 of 547.

The figures for Respiratory Tuberculosis alone, however, (Males 276 compared with average for last five years of 276 and Females 212 compared with similar average of 183), do invite attention to the incidence of the disease among Females. The number of Females notified during 1952 was markedly higher than the five yearly average and there is no apparant reason for this.

It has been observed in recent years, that generally, Respiratory Tuberculosis occurs later in life of males than of females, and in the 1952 Notification figures this tendency is again apparent. Seventy per cent of the Males notified during the year as suffering from Respiratory Tuberculosis (i.e. 191 out of 276) were between the ages of 25 and 75 years, while a similar percentage of the Females notified (148 out of 212) were aged between 15 and 45 years.

The following report explains the abnormally large figure of twenty females in the age group 5—10 included in the Notifications of Respiratory Tuberculosis during 1952 :—

During the year, through the ordinary channels of co-operation between the District Medical Officer of Health, the County Medical Officer and the Chest Clinic, it was discovered that three pupils of a primary school in the County had developed tuberculous meningitis. An investigation was immediately carried out at the school through the County Medical Officer, and all the teachers accepted an invitation to attend for X-ray examination, when one of them was found to be suffering from active respiratory tuberculosis with a positive sputum. She immediately agreed to cease duty and was subsequently admitted to a Sanatorium.

The County Medical Officer then took steps with regard to the children attending the school, whose ages ranged from 5 to 7 years, and arrangements were made by him with the Mass Miniature Radiography Unit to carry out a Survey among school children in the affected area and 137 of a possible 142 (96%) pupils at the school in question were X-rayed by this Unit. Of these, 9 children (8 girls and 1 boy) were referred by the Mass Radiography Unit to the local Chest Clinic, where they were found to be suffering from tuberculous hilar adenitis. Included in this group was a boy who had recently attended the infected school but who was then a pupil at another school in the area. No physical signs of active disease were elicited in these children but on the radiological findings, early hospital treatment was considered advisable for seven of the girls and the boy, and they were duly admitted to Draycott Hospital where their progress was very satisfactory. These children have now returned home and they

will be fit to resume school after the Summer holidays. They will, however be kept under periodical review at the Chest Clinic. The remaining girl was kept on complete bed rest at home for a period under the care of the family doctor and the supervision of the Chest Physican.

After allowing a suitable incubation period, following the date of the last exposure of infection, all the children at the School were Mantoux tested. The following is a summary of the results obtained :—

Class	*Age Group*	*Mantoux Positive*	*Mantoux Negative*	*% age M. pos.*	*Total Tested*
Babies	5	10 { 5G. 5B.	39	20.4	49
Class 1	6–7	35 { 22G. 13B.	16	68.6	51
Class 2	5–6	15 { 4G. 11B.	28	34.9	43
Totals		60 { 31G. 29B.	83	42	143

As was to be expected, the percentage of Mantoux-positive children is extermely high, particularly so in Class 1.

Fifty-one of the above sixty Mantoux-positive children (i.e., those not already notified or under Clinic supervision) were X-rayed again in March, 1953, and two boys who were then found to be suffering from tuberculous hilar adenitis were admitted to Derwent Hospital for treatment. On this occasion, the opportunity was taken to X-ray four of the five children who were not X-rayed by the Mass Miniature Radiography Unit, and these proved to be non-tuberculous. As a further precaution, it is intended that the forty-nine Mantoux-positive children whose X-rays were clear shall be X-rayed again at a later date.

Two pupils, a boy and a girl, were neither Mantoux-tested nor X-rayed during this investigation. The girl had earlier been notified as suffering from tuberculous pleurisy and, at the time the school was visited, was in a convalescent Home, whilst the boy was referred to the Chest Clinic by his family doctor after the investigation. He was diagnosed as suffering from tuberculous mediastinal adenitis, but the source of his infection was considered doubtful as there was a recent family history of Tuberculosis.

A total of thirteen children (nine boys and four girls) from this school were found to be suffering from tuberculosis (hilar adenitis (twelve), tuberculous pleurisy (one)) and examination of their homes contact indicates that all but one (the boy referred to in the preceding paragraph) were probably infected at the school under review.

In view of this unfortunate occurrence, there can be no doub that all adults whose employment brings them into contact with school children should be periodically X-rayed.

Death Rate.

The death rate from Respiratory tuberculosis during the last year was sixteen per 100,000 of the population. This figure is one of the lowest for any area in Britain, but it should not be allowed to lull us into the attitude that tuberculosis no longer presents a problem in our society.

Owing to the advances in treatment during the last few years the death rate to-day gives no indication of the great distress which this disease causes in the Community in terms of deprivation and suffering and our efforts now should be directed to prevention and early diagnosis.

Sanatorium Treatment.

During 1952, the Sanatorium bed position in Derbyshire continued to ease. Two new prefabricated wards have been erected at Walton Hospital giving ten single cubicle accommodation for women and ten for men. This has increased the bed capacity of the Hospital to 146.

The average waiting-time for a bed is now about three weeks and this compares very favourably with the situation in most parts of the country.

In the case of many newly notified cases of respiratory tuberculosis awaiting admission to sanatorium, chemo-therapy is commenced at home and this pre-sanatorium domiciliary treatment has naturally shortened the average stay per patient in sanatorium, thus contributing directly to the reduction of sanatorium waiting lists. These lists could be still further reduced if greater facilities were available for major thoracic surgical treatment.

The Waiting List for such treatment is now in the region of six to nine months. Although all forms of major thoracic treatment are now done at Walton the waiting time for operations is unlikely to be reduced until a greater number of sessions can be devoted to Thoricac Surgery.

Care, After-Care and Prevention.

We are indebted to the County Medical Officer and his Staff for the great help we have received in our work relating to after-care and prevention of tuberculosis.

Many patients have been supplied with extra nourishment bedding and other requisities by the County Health Department on the recommendation of Chest Physicians.

Liaison between the Health Visitors and the Chest Clinic Staffs has been good and in this way valuable information has been

given by all concerned, and it has been possible to treat our patients with a better knowledge of the social and medical problems involved in each case. This liaison has however, been much better in the Urban than the Rural areas as would be expected, since it is very much easier to get the Staff together where transport conditions are good.

As in the past, it is in the field of prevention that the biggest gains are likely to be made in proportion to the energy expended and we feel that it is in this direction that our efforts are least employed. Mass Miniature Radiography touches only the fringe of the population and although a lot of new treatable cases are found by this means, employed in its present form it is unlikey that it exerts even a small effect on the prevention of disease. We are of the opinion that it can best be used in a concentrated attack on the 'black spots' of the Country in an endeavour to X-ray 100% of the population in these areas.

B.C.G. vaccine has been available to "contacts" and to Nurses and Ancillary Hospital Staff who may be regarded as being exposed to an unusual risk of infection. It is obvious that if B.C.G. vaccine is to offer any hope of preventing the spread of tuberculosis it should be made freely available to all who require it. It could be given with benefit to pre-school age infants who have not yet been introduced to Community life and also to school leavers who are about to mix with many infectious persons employed in business and industry. However, the proper use of B.C.G. will have to be settled at National level and in view of recent reports on its efficacy we expect some pronouncement to be made on the subject in the near future.

To date we are greatly encouraged by the help that we receive from the Public Health Services in carrying out our work in the examination of "contacts" and vaccination with B.C.G. of negative tuberculin reactors.

Congenial living conditions and good feeding are of great importance in the prevention of tuberculosis and if any improvement is to be made in the reduction of the incidence of this disease it will be due mainly to the maintenance or betterment of our standard of living. We are again most grateful to most of the local authorities for granting priority rehousing on medical grounds to families living in over-crowded conditions in which there is an infectious case of tuberculosis. On the whole there has been a great deal of co-operation on the part of local authorities in this matter, but some areas have been able to do more than others ; but even the previously bad areas in this respect have improved considerably during the last year.

A great deal of work has been done by the British Red Cross for all our patients who are not yet back at work. Materials have been supplied and tution in handicrafts given to any patient expressing a desire to learn. Comforts have been supplied and help given to the needy in all cases where this has been necessary.

We are most grateful to the organizers and the Staff of the British Red Cross in Derbyshire for the fine work that they are doing.

Our thanks are due also the to Disablement Rehabilitation Officers who have co-operated so well with us in obtaining suitable work for patients who have completed Institutional treatment. The biggest problem of re-employment is of course in the infectious cases, but even so a lot can be done by co-operation on the part of the Disablement Rehabilition Officer, the Doctor and the employer.

However, this side of the work will have to increase, and it may also be necessary to send more cases to Village Settlements in future."

(ii) *Illness generally.*

The Authority's responsibilities generally for the prevention of illness in the community, and the provision of care and after-care, extend over a wide field, and are inter-related with many of the duties required to be performed under Part II. of the Act by the Hospital and Specialist Services and under Part IV. by the general practitioner service. A close liaison is maintained with the Hospitals in the area. Cases awaiting admission are investigated by Health Visitors to help in the allocation of priority. This is particularly the case where the patients require admission to hospital for a long period. Liaison is also maintained with the County Welfare Officer, who often has responsibilities under the National Assistance Act, such as safe-guarding a person's effects while he is in hospital. Similarly, on a patient's discharge the Hospital Authorities forward reports in many cases so that home visits can be paid or advice given by the Health Visitor. Arrangements are then made for the Home Nurse, or the Home Help, to play her part, in appropriate circumstances. Further aid is given by lending articles of nursing equipment without charge. These vary from small items of common use to special beds and mattresses. The provision of wheeled chairs for permanent disabilities is a matter for the Hospital Authorities who operate this service through the Ministry of Pensions, but wheeled chairs are loaned temporarily, in suitable cases, by the County Health Department. (See also under heading 2 above regarding co-ordination with the diagnostic and treatment services).

12 HOME HELP SERVICE.

General Administrative Arrangements.

Prior to the "appointed day" the County Council had been operating a Home Help Service for a number of years, but with little success. In May, 1948, only four Home Helps were employed.

The Council decided that it was not necessary to have joint arrangements with any other Health Authorities but to administer the Scheme from the Central Office at Derby by the continued employment of a Home Help Organiser who would be responsible for the organ-

isation and supervision of the service under the general direction of the County Medical Officer of Health. It was anticipated to increase the number of Home Helps employed to the equivalent of fifty full-time helps but owing to the illness of the Organiser this was not achieved. The Organiser resigned her post in October, 1949, and her successor was appointed to commence duty in March, 1950.

An intense recruitment campaign was started in May, 1950, which resulted in many women being enrolled and an increase in the number of applications for help. This increase continued until, in 1951, it was clear that the County Health Committee's estimate of expenditure would be greatly exceeded unless drastic economies were made. It was, therefore, resolved to operate the scheme as an emergency service only and not to provide domestic help in individual cases over a long period, reviewing circumstances in any household after the first four weeks and thereafter quarterly. This brought the cost of the service well within the estimate of expenditure and it was decided to continue working on these lines.

Availability of Service.

The Service is available in various cases, of which the following are examples :—

(*a*) Maternity.

(*b*) Where a housewife falls sick or must have an operation.

(*c*) Where a wife is suddenly called away to visit her husband in hospital and arrangements have to be made to look after the children.

(*d*) Where elderly people are infirm, or one of whom suddenly falls ill.

(*e*) Where several members of a household are ill at the same time.

(*f*) Where a doctor requests that a Home Help is necessary to help with a premature infant.

(*g*) Tuberculosis.

The last named presents particular difficulties ; whilst such cases are entitled to the facilities available, special safeguards have to be imposed to protect the personnel. The following suggestions, therefore, have been adopted in dealing with this problem :—

(1) All Home Helps employed in a household where there is an infectious case of tuberculosis should be over forty years of age, and should not have young children of their own.

(2) Home Helps for this work could be drawn from three groups :

(*a*) Tuberculous women with arrested disease, recommended by the Chest Physician as suitable for the work.

(*b*) Close relatives of the patient who are already family contacts. In this connection the County Health Committee has laid down certain conditions. It is suggested that where family contacts are employed the age limit may be lowered to thirty years in suitable cases.

(*c*) Ordinary domestic helps may be employed subject to the safeguards set out under (1) above i.e., that they are over forty years of age and do not have young children of their own.

(3) The precautions against infection will vary according to the type of person employed. Home Helps with arrested tuberculosis (group 2 (*a*) above) would, of course, be acquainted with anti-tuberculosis measures and would be under regular supervision by a Chest Physician. Family contacts (group 2 (*b*) above) would also be under the close examination and supervision of the Chest Physician.

Ordinary Home Helps (group 2 (*c*)) should be radiographed on appointment, and subsequently at six monthly intervals.

It is also desirable to transfer the Helps at intervals to other types of case, so as not to use them exclusively for tuberculosis households.

(4) Home Helps should receive instruction in anti-tuberculosis measures, and this is carried out by the Chest Physician who certifies the Help as suitable for such employment.

(5) No Home Help should undertake nursing duties, and the use of masks and gloves is not recommended.

(6) It is necessary to obtain the consent of the patient to the disclosure to the Home Help of the nature of the problem, and the Help should only undertake the work as a volunteer.

Rules of Assessment.

It was intended that recovery of the cost of providing a Home Help should be made in accordance with a suitable scale of assessment. From time to time this scale has had to be amended as certain anomalies arose and it was also found necessary to increase the income of the Scheme. A minimum charge of 2/6d. or 5/0d. per week, according to the number of hours of help given, was introduced in 1951 in certain cases. By the end of 1952 the cost to people not entitled to a reduction of fee was 2/6d. per hour.

Conditions for Home Helps.

To stimulate interest in the service improvements in working conditions for Home Helps have been effected. In 1950, full-time Helps were each provided with two overalls and travelling expenses were paid, together with travelling time in excess of forty minutes each day at the normal rate of pay. By the end of September, 1952, the

hourly rate of pay for Home Helps was increased to 2/3d. per hour. A scheme of "Holidays with pay" was introduced in 1951 as a temporary measure pending the promulgation of a National Scheme. In September, 1952, the Authority adopted the recommendations in circular NM.84 issued by the National Joint Council for Local Authorities' Services (Manual Workers) which contained the National Scheme in respect of holidays.

Progress.

The progress of the service during the last five years can be gleaned from the following table :—

	1948	1949	1950	1951	1952
Home Helps employed. ..	31	46	130	91	61
Cases Served.	152	302	584	823	416
Home Help Organisers employed.	1				

Co-operation with other Services.

Close co-operation is maintained with Almoners of local hospitals, who often recommend patients for the services of a Home Help, particularly at the time of their discharge from hospital.

Other cases are reported frequently through the agency of general medical practitioners, County Midwives, and domiciliary Nurses, as well as Health Visitors.

The Health Visitors are supplied with the names and addresses of the Council's Home Helps, so that arrangements can be made at short notice in case of emergency without reference to the central office.

Employment of Relatives.

There are cases which arise from time to time when the only person able to take on the duties of a Home Help is a relative of the patient. As a safeguard in such cases the County Health Committee has made a rule that a relative may be employed only on the authorisation of the Chairman and Vice-Chairman. A condition of approval is that there is no other suitable Home Help available within reasonable travelling distance, who is willing to undertake the case, and that the Health Visitor for the area should recommend the number of hours to be worked, which in any case should not exceed forty-four per week.

Rules of Assessment.

It was intended that recovery of the cost of providing a Home Help should be made in accordance with a suitable scale of assessment. From time to time this scale has had to be amended as certain anomalies arose and it was also found necessary to increase the income of the Scheme.

The present rules of assessment are as set out below.

RULES OF ASSESSMENT.

(*Revised to* 31*st December*, 1952).

1. The person to be assessed will be the head of the household of the house at which the Home Help is engaged. For the purpose of this rule an apartment flat or rooms let without attention and meals will be regarded as a house.

2. The assessment will be based on the "assessable income" of the household which will be calculated in the following manner

3. For the purpose of computing the "assessable income" of the household, there will be determined the "gross income" calculated in the following manner :—

Nature of Income.	*Amount to be brought into Account*
(a) Wages, salaries, pensions and/or estimated value of emoluments (e.g. board and lodging) of the head of the household and wife, and any dependent member of the household, after the deduction of income tax and employee's contributions towards superannuation and national insurances but with no deductions of any other nature.	The full amount.
(b) Contribution to the household income by a non-dependent member of the household.	One-half of the net weekly income in excess of 30/-d.
(c) (i) Where the person assessed owns the house in which he resides, any sum which might be obtained by him by selling it or borrowing money on the security of it shall be disregarded. (ii) All other capital assets including war savings shall be aggregated. (iii) The first £400 of the amount arrived at in (ii) to be disregarded. (iv) The next £400 to be treated as equivalent to a weekly income of 6d. for each £25. (v) If the amount arrived at in (ii) exceeds £800 full cost will be charged.	
(d) Payment by a lodger for full or part board.	One-sixth of a payment up to 30/-d. and one-half of the excess over 30/-d.
(e) Proceeds of sub-letting.	The full amount.
(f) All other income or means.	The full amount including family allowances and maternity allowances under Section 15 of the National Insurance Act, 1946, but excluding attendance allowance under Section 14 of that Act.

For the purpose of this rule a mother, mother-in-law, father, father-in-law, son, son-in-law, daughter or daughter-in-law will be treated as a non-dependent unless it is to the advantage of the household that he or she should be treated as a dependent member. All other relatives will be treated as lodgers.

4. From the "gross-income" of the household calculated in accordance with Rule 3. there will be deducted :—

(a) The disregards specified in the 2nd Schedule to the National Assistance Act, 1948, so far as they have not been allowed in computing the amount to be brought into account in the "gross income" by Rule 3 (c) and excluding the attendance allowance under Sec. 14 of the National Insurance Act, 1946, and the maternity allowance under Sec. 15 of that Act in maternity cases.

(b) Reasonable expenditure on the following outgoings by the head of the household and wife :—

(i) Fares to and from place of work and incidental expenses necessarily incurred in connection with employment.

(ii) Sick Club and trade union subscriptions.

(iii) Rent general and special rates, water rates and charges and mortgage principal and interest of the house (as defined in Rule 1) in which the household is living. Schedule A tax actually paid and not allowed in any other way will also be allowed.

(iv) Contributions towards maintenance of relatives not forming part of the household.

(v) Any other amounts which, having regard to the circumstances appear to be reasonable, e.g. hire purchase instalments on necessaries other than clothing and footwear, school fees, abnormal expenses arising out of sickness.

(c) Personal allowances for the personal needs of members of the household :

Members of the Household.	*Amounts to be allowed per week*
Head of the household or adult living alone. ..	35/0d.
Head of the household and wife.	59/0d.
Dependents over 16 years	21/6 each
Dependents under 16 years :	
First child	15/6d.
Other children	11/0d. each
Housekeeper	22/0d.
Head of household living in lodgings away from home	Actual cost of board and lodgings plus 15/0d. per week (in lieu of 35/0d. per week).
Adult in residential employment..	Emoluments for board and lodgings included in rule 3 (a) plus 15/0d. per week.

The resultant figure will be the "assessable income" of the household.

5. The amount to be paid will be a percentage of the aggregate of the following amounts, viz :—

One-third of the first £ of assessable income.
One-half of the second £ of assessable income.
Two-thirds of the remainder of assessable income.

The percentage will be :—

Hours of work		%
Not more than 5	..	30
6—10	..	40
11—15	..	50
16—20	..	60
21—25	..	70
26—30	..	80
31—35	..	90
36—40	..	100

Where part of a week only is worked in the first and last weeks of service the charge will be at an hourly rate calculated by dividing the weekly assessment by the maximum number of hours in that group.

6. In maternity cases the amount payable per week will be increased by the amount of the attendance allowance under Section 14 of the National Insurance Act, 1946, for the first four weeks, subject to Rule 7.

7. In no case is the assessed hourly rate charged to exceed the full cost charge which until further notice is to be taken as 2/9d. per hour.

8. There will be a minimum charge of 2/6d. per week where the number of hours worked is not more than 20 and 5/-d. per week where the number of hours worked is more than 20. These charges will not be made in the following cases :—

   (i) Old age pensioners with no other source of income. Where an old age pensioner has other income apart from his pension the minimum charge must not exceed the assessable income.

   (ii) Cases being assisted by the National Assistance Board, unless there is income to be brought into account under Rule 3 (b) or 3 (d).

9. Where an allowance is being made in any case by the National Assistance Board the case will be regarded as a "nil" assessment, subject to confirmation being received from the Board that the allowance does not include any amount for domestic help. If the allowance includes an amount for domestic help, such amount will be collected in full. This rule will not apply if there is income to be brought into account under Rule 3 (b) or 3 (d).

RESOURCES TO BE DISREGARDED IN ACCORDANCE WITH THE PROVISIONS OF THE 2nd SCHEDULE TO NATIONAL ASSISTANCE ACT, 1948, AND RULE 4 (a).

1. Wholly disregarded :—
   Death grant under Section 22 of National Insurance Act, 1946.

2. Disregarded up to £1 per week in aggregate :—

   (a) The first 10/6d. of sick pay from a friendly society or trade union.

   (b) The first 10/6d. of any superannuation in respect of former employments not being :
      (i) on account of a pension under the O.A.P. Act, 1936, or W.O. and O.A.C.P. Acts, 1936 to 1941.
      (ii) retirement pension under the National Insurance Act, 1946.

   (c) (i) retired pay or pension to which Section 16 of the Finance Act, 1919 applies, including dependents allowances (wounds and disability pension).
      (ii) disablement pension awarded under the Personal Injuries (Emergency Provisions) Act, 1939, including any increase for dependents.
      (iii) Workmens compensation.
      (iv) Disablement benefit under Section 12 of National Insurance (Industrial Injuries) Act, 1946.

13. HEALTH EDUCATION.

In the ordinary course of their duties, the medical, dental and nursing staff have many opportunities—at clinics, infant welfare centres, as well as during visits to homes—to provide information, advice, and education on various aspects of health. This is particularly important in connexion with tuberculosis; and, as mentioned elsewhere in this Report, special attention is paid to advocating immunisation against diphtheria and vaccination against smallpox. Advantage has been taken of the Exhibition Service of the Central Council for Health Education. Four "exhibition stands" have been purchased, in addition to one which is on "indefinitely extended loan" from the Central Council, to display various health educational topics. The Council has also provided a series of topics on short loan. In addition, the Authority purchased four topics—dealing with "Diphtheria Immunisation"; "Local Health Authority Services under Part III of the National Health Service Act, 1946"; "Food and Drink Infections"; and "Sleep"—and arrangements have been made for these to be displayed in rotation at the major clinics throughout the County.

Accidents in the Home.

Special attention has recently been focussed on the problem of the numerous accidents—many of them avoidable—which take place every year in the homes of this country.

The "Monthly Bulletin of the Ministry of Health and the Public Health Laboratory Service" for January, 1952, contained an article by Dr. C. A. Boucher of the Ministry of Health on "The Medical Officer of Health and accidents in the home." In view of the importance of the subject the gist of this article was reported to the County Health Committee, the Education Committee and the County Welfare Committee.

In 1946 the Chief Medical Officer of the Ministry of Health in his report "On the State of the Public Health during Six Years of War" observed that "One cause of mortality, and therefore presumably of morbidity as well, that has not received the attention it merits, is accidents in the home." In the following year the Home Secretary set up a Standing Interdepartmental Committee on accidents in the home, which was to co-ordinate actions by the various departments concerned with domestic accidents and maintain contact with voluntary and other unofficial organisations interested in the problem.

Deaths from Accidents in the Home.

In England and Wales about 6,000 persons die every year as a result of accidents in their homes.

More children under 15 years are killed in their own homes than die from accidental causes elsewhere, including road accidents.

More children under 15 years die from accidents in the home than die from any single infectious disease.

In children between 1 to 5 years a fatal home accident is the third largest cause of death.

There has been no appreciable change in recent years in the number of fatal home accidents in England and Wales.

Four-fifths of these fatalities occur in young children under 5 years and in elderly people over 65 years of age.

Three-fifths of the fatalities strike the female sex, but this is mainly due to the large number of fatalities in elderly women ; more male than female children under 15 years are killed in their own homes.

Serious Non-fatal Home Accidents.

Accidents in the home are not notifiable, and there is thus no exact information. However, an estimate has been made from figures available in certain parts of the country, and it appears that something like 1,675,000 home accidents occur annually, which are of sufficient severity to require hospital treatment. This figure includes more than half-a-million in children under 10 years of age.

Are Home Accidents Preventable ?

In various parts of the country there have been surveys into home accidents : these have shown that structural defects in the homes could be responsible for one-third of the cases, and that in half of these the defects resulted from lack of maintenance. Most of the remainder are considered to result from ignorance of the dangers that exist and lack of reasonable care. Sixty-seven per cent of the scalds treated at the Birmingham Accident Hospital were in children under five years, and half of these were considered to be easily preventable with ordinary care : in ninety per cent of the burning accidents from coal, gas or electric fires, no fire-guard was in use at the time of the accident, and in most of the remainder the guard was not attached to the fire and had been removed by the victim. Many of the fatal falls, especially those of old people and particularly downstairs, could be prevented with proper advice and attention. Many of the cases of accidental poisoning, especially in young children, could be prevented with advice and education.

It was suggested that here is a large and satisfying field of preventive medicine for the Medical Officer of Health. A child who dies from burns is just as dead as a child who dies needlessly from diphtheria : both deaths can be prevented. The Interdepartmental Committee, mentioned above, are convinced that the key to the prevention of these accidents lies in the hands of the Medical Officer of Health because he alone, and his staff, can provide the personal advice that will be listened to with attention. The Health Visitor's field is now widened to include all members of the household ; the Sanitary Inspector has certain statutory rights of entry to any household ; the District Nurse, Home Helps and others have valuable parts to play. Under existing legislation the Medical Officer of Health has full powers to undertake this work. Section 28 of the National Health Service Act, 1946, states "A local health authority may with the approval of the Mini-

ster and to such extent as the Minister may direct shall make arrangements for the purpose of the prevention of illness. . . . A local health authority may, with the approval of the Minister, contribute to any voluntary organisation formed for any such purpose as aforesaid." The County Council's Proposals, approved by the Minister of Health, provide that in connection with its arrangements under Section 28, the Authority will seek to develop health education in its area by all appropriate means.

Action taken.

The County Health Committee agreed to the following action being taken :—

(i) that a circular be sent to the Assistant School and Assistant Maternity and Child Welfare Medical Officers, Health Visitors, Midwives, Home Nurses and Home Helps, giving information on this subject and requesting them to take every opportunity of educating the public in this connection. (It is desirable in particular to stress to mothers the importance of this matter, and opportunities of doing this would arise during home visits, and at ante-natal and infant welfare clinics). An appropriate circular was accordingly sent out, accompanied by a leaflet, issued by the Royal Society of Prevention of Accidents, which contains some suggestions based on an analysis of the causes of home accidents ;

(ii) that the Education Committee be asked to consider whether older school children, especially girls, could receive some instruction on this matter from Teachers and Health Visitors. The Education Committee readily agreed, and information on this matter was circulated to all Headteachers, together with the before-mentioned leaflet issued by the R.S.P.A. ;

(iii) that the County Welfare Committee might consider whether arrangements could be made for advice to be given to old people through Local Welfare Associations or by other means. The County Welfare Committee welcomed this suggestion, and letters were sent to the Secretaries of Old People's Welfare Committees and Old People's Clubs, and to Superintendents and Matrons of Old People's Homes and to District Welfare Officers, with copies of the before-mentioned leaflet and a pamphlet addressed more particularly to the elderly ;

(iv) that the Authority should make an annual subscription to the Royal Society for the Prevention of Accidents (Home Safety Section). The Interdepartmental Committee on Accidents considers that the Home Safety Department of the Royal Society for the Prevention of Accidents should play a valuable part in the prevention of accidents, and that greater use should be made of its services by Local Authorities. Under the legislation mentioned above a Local Health Authority can contribute to this organisation, which makes available Home Safety Posters, leaflets and pamphlets, and issues the 'Home Safety Bulletin' and 'Safety News.'

One of the display sets which are available from the Central Office of Information, "You and Your Baby," contains a panel devoted to the prevention of burns and scalds, including advice on guarding fires and the danger of flannelette nightgowns near unguarded fires. Copies of this display set are being shown at various Clinics.

14. MENTAL HEALTH SERVICE.

The Mental Health Service is the responsibility of the Local Health Authority and the work is administered by the County Health Committee with the assistance of its Mental Health Sub-Committee. (The members of this Sub-Committee are shown on page 7).

STAFF.

The Mental Health work is under the control of the County Medical Officer. Ten Medical Officers having special experience in Mental Deficiency have been authorised by the County Health Committee to act as Certifying Officers under the Mental Deficiency Acts 1913-1938. The staff of the Mental Health Section includes a Senior Mental Health Social Worker, three Mental Health Social Workers, ten Duly Authorised Officers and five Relief Duly Authorised Officers, but none of these officers has specialised qualifications. The Duly Authorised Officers also act as Welfare Officers and, as such, are on the staff of the County Welfare Committee. No Psychiatric Social Workers are, however, employed. In connection with the work under the Lunacy Acts, the County is divided into ten areas, each with a central office. The areas are grouped so that two Duly Authorised Officers in adjacent areas, with the assistance of one Relief Duly Authorised Officer, work together as a team of three, so enabling officers in turn, to be "off call" at weekends. Teams in adjoining areas also help each other in cases of emergency. All the Duly Authorised Officers are on the telephone at their homes, so that they may be contacted at any time during the twenty-four hours of the day.

The Mental Health Social Workers are chiefly concerned with the supervision, care and after-care of mental defectives and their duties are as set out below :—

Duties of Mental Health Social Workers.

(1) Investigations concerning the ascertainment of mental defectives.

(2) Preparing information for and assisting with Petitions under the Mental Deficiency Acts.

(3) Visiting and reporting on the general care and home conditions of mental defectives under statutory supervision, voluntary supervision and under 'Guardianship Orders.'

(4) Advising parents on the training of mentally defective children, giving information about Institutions and admission thereto.

(5) Finding employment in suitable cases.

(6) Arranging attendance at Occupation Centres.

(7) Supervising mental defectives on licence or holiday leave from Institutions.

(8) Co-operating with other Social Workers such as Psychiatric Social Workers, Almoners, Probation Officers, etc., dealing with the special needs of mental defectives and patients suffering from mental illness.

OCCUPATION CENTRES.

There are two Occupation Centres in the County, one at Chesterfield and the other at Ilkeston. Each Centre caters for about forty-five pupils who are collected by means of 'buses from their homes in the mornings and returned in the afternoons. A good hot mid-day meal is provided through the School Meals Service. Simple handicrafts are taught and during dinners the pupils are instructed in table manners and, if necessary, the use of a knife and fork. A Medical Officer visited each Centre twice during the year and examined the pupils.

The Occupation Centres are greatly appreciated by parents and there is occasionally a waiting list at each Centre of children who are anxious to attend. The present shortage of Institutional accommodation has intensified the demand for more places to be provided in Occupation Centres. The children are away from their homes from about 9 a.m. until 4 p.m., thus relieving parents of the supervision during the day time and in a number of instances patients are manageable at home who might not be so if they were not attending the Centre.

Chesterfield.

This Centre is held at the Ragged School, Markham Road, Chesterfield, and had an average of about forty pupils on the register during the year 1952. The staff employed was as follows :—

Supervisor : Miss E. Walker, Supervisor's Diploma of the National Association for Mental Health.

Assistant Supervisor : Miss J. Mulliss.

One Guide Help.

The Supervisor reports as follows concerning the work of the Centre during the year 1952 :—

"In January the number on the register was forty-two. Five children were excluded during the year, three boys for poor attendance, one boy was admitted to Aston Hall Institution for Mental Defectives and one girl's parents thought she was better at home. Two children were admitted leaving thirty nine on the register in December.

During the year visits have been made by members of the County Health Committee, Dr. Davidson-Lamb medically examined the children, Miss Beardmore, the Health Visitor, periodically attended to inspect the children's heads and Mr. Wynne and Mr. Shimwell, the Mental Health Social Workers, frequently helped to keep contact with home and Centre. Mrs. Curzon, Inspector from the Board of Control visited the Centre in November.

One afternoon in September, through the kindness of Mr. R. Wetton, the school 'bus proprietor, one 'bus load of children was taken to Wollaton Park in Nottinghamshire. We all enjoyed watching the deer in the park and afterwards we went into the Hall, which is now a museum, the children being very interested in the animals, birds and coloured butterflies. After our picnic tea we were taken to the River Trent and the children were most thrilled to have a sail on the river. We then came back to Chesterfield a different way after having spent a very enjoyable afternoon.

In December an Open Day was held which included a small Sale of Work. Parents greatly appreciated the children's handwork. Afterwards the children gave a Nativity Play.

The Christmas Party was enjoyed by all. Mr. Wetton very kindly provided a Punch and Judy show. Each child received a gift from Father Christmas and after a lovely tea they went home with a bag which included fruit, sweets and crisps.

As one of the staff was off ill the whole of the year, one half of the children attended on one week, and the other half on the following week. In October a temporary assistant was appointed but owing to further illness of the staff the children could not resume full time attendance until November. Because of this not much progress was made during the year.

I would like to add my appreciation to Mrs. Hill for her loyal support during such a trying and difficult year."

Ilkeston.

The Centre is held at St. Mary's Schoolroom, Hallcroft Road, Ilkeston, and had an average of about forty pupils on the register during the year 1952. The staff was as follows :

Supervisor : Miss E. M. Martin, trained at the Nottingham Occupation Centre and has attended a refresher course for Supervisors of Occupation Centres arranged by the National Association for Mental Health.

Assistant Supervisor : Mrs. L. Buck.

One Guide Help.

The Supervisor reports as follows concerning the work of the Centre during the year 1952 :—

"The year opened with rather lower attendance of patients at the Centre owing to influenza but by February the daily average was thirty-four out of the thirty-nine on the register and this has been maintained throughout the year.

More interest was shown in current affairs and events of importance were marked by newspaper cuttings of every description. Some of these, including the death and funeral of King George VI, were pasted into a scrap book and are often perused.

As the garden was so successful in the previous year, a further plot was dug and planted, much to the delight of the younger

patients, who daily watched for the seeds they had sown to grow into flowers and were very surprised when they found that they had been able to do this.

An outing was arranged, at the expense of the parents, on Tuesday, September 16th to Markeaton Park, Derby, and although it was rather late in the year motor boat rides and ices were thoroughly enjoyed, as also was the excellent cold lunch provided.

Another happy day was November 5th, when indoor fireworks were supplied by a member of the staff and some of the most timid children held "sparklers."

The practice of taking younger patients into the Centre proved very satisfactory and, although harder to train at first, it is felt that eventually greater improvement will be the result.

Some beautiful embroidery was worked by the older girls, while the very first large wool rug was finished by a boy. The handwork was displayed and sold on the Open Day, Tuesday, December 9th, when £22 3s. 8d. was realised for seventy articles made, including stools and baskets. Approximately a hundred parents and friends attended and saw a concert which included a Nativity Play performed by patients. Visitors remarked on the improvement of both singing and speech and were impressed by the high standard of handwork.

The year closed with the Christmas Party, complete with sweets, fruit and a small gift to each child, on Wednesday, December 17th.

Six of the patients showed no improvement, twelve made outstanding progress and all the others advanced in some degree. Two boys left, one to help his father with a smallholding, one was excluded and three were admitted, making thirty-nine still on the register.

It will be a difficult task to improve or even maintain this standard of progress."

CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS AND HOSPITAL MANAGEMENT COMMITTEES.

Close co-ordination has been maintained with the two Regional Hospital Boards and the many Hospital Management Committees. Arrangements have been made with the various Medical Superintendents for mental defectives on licence or on holiday leave from Institutions to be visited in their homes by the Mental Health Social Workers and for periodical reports to be forwarded. About seventy patients were on licence during the year, working staisfactorily, and in many instances the Social Workers have obtained places of employment for them and made arrangements regarding wages and savings. In the case of men who have been provided with work on various farms, arrangements have been made with the Agricultural Wages Board, so that they are paid a fair agreed wage, bearing in mind the value of

the work they are capable of doing. The homes of patients about to be allowed leave of absence on trial under Section 55 of the Lunacy Act, or about to be boarded out under Section 57, are regularly visited by the Duly Authorised Officers and reports sent to the Management Committees of the different Mental Hospitals. Reports are also sent regarding patients while at home. As mentioned elsewhere in this report arrangements have been made, in conjunction with the County Ambulance Service, for a sitting case car to be located at the Pastures Hospital, Mickleover, and also for trained personnel to be available at the various Mental Hospitals for the conveyance where necessary, of patients to hospital and the transfer of patients between different Mental Hospitals.

VOLUNTARY ASSOCIATIONS.

Regarding the use of voluntary associations see page 49 where there is reference to :—

(i) The National Association for Mental Health.

(ii) The Guardianship Society at Brighton.

With regard to (i) arrangements have been made with that Association for different Student Supervisors to work for periods of six weeks at the Chesterfield Occupation Centre as part of their training for the Supervisor's Diploma.

TRAINING OF STAFF.

The Senior Mental Health Social Worker and one of the Duly Authorised Officers attended a three weeks residential course on Mental Health held at Sheffield University in 1949 and one of the Social Workers attended a similar course in 1951. Miss Martin, the Supervisor of the Ilkeston Occupation Centre, has attended a Refresher Course for Supervisors of Occupation Centres arranged by the National Association for Mental Health.

WORK UNDERTAKEN IN THE COMMUNITY.

(*a*). *Under Section 28 of the National Health Service Act*, 1946.

As will be seen from the list of duties of the Mental Health Social Workers, the major part of their work is connected with the care and after-care of mental defectives. During the year 1952, 756 cases were under statutory supervision at home and 459 under voluntary supervision. The patients are visited at two-monthly or three-monthly intervals but in certain instances more frequent visits are made as required. Reports in detail of all visits are sent to the Central Office and these are recorded on the patients' dossiers, so that a continuous history of every case is readily available when required. In most cases the Social Workers have fostered a spirit of friendliness with the patients and parents. Their help and advice are also sought on many occasions, particularly with regard to finding suitable work through Employment Exchanges, etc. In appropriate cases they also approach the National Assistance Board, National Insurance Offices, etc., in order to be in a position to give authoritative advice.

(*b*) *Under the Lunacy and Mental Treatment Acts*, 1890—1930.

The table on this page shows the number of patients admitted to mental Hospitals during the year 1952. In respect of 467 of the total of 902 patients the Duly Authorised Officers obtained Orders, and in the case of a number of the patients admitted voluntarily under the Mental Treatment Act, advice and information were given to patients and relatives.

During the period 1st January 1952 to 31st December 1952, the following numbers of patients were admitted to mental Hospitals :—

	Males	*Females*	*Total*
The Pastures Hospital, Mickleover	237	355	592
Scarsdale Hospital Chesterfield	61	55	116
Parkside Mental Hospital, Macclesfield	20	19	39
Andressey Hospital, Burton-on-Trent	1	4	5
Mapperley Hospital, Nottingham	8	12	20
Kingsway Hospital, Derby	28	51	79
Middlewood Mental Hospital, Sheffield	1	2	3
Shaw Heath Mental Hospital, Stockport	6	7	13
St. Matthew's Hospital, Burntwood, Near Lichfield	5	12	17
Ollersett View, New Mills	–	2	2
Fir Vale, Sheffield	–	1	1
Prestwich Hospital, Manchester	3	1	4
Winson Green Mental Hospital, Winson Green, Birmingham	1	–	1
Springfield Hospital, Crumpsall, Manchester	1	–	1
Shenley Mental Hospital, Near St. Albans	2	–	2
Deva Hospital, Chester	1	–	1
Saxondale Hospital, Radcliffe-on-Trent	–	1	1
Cheadle Royal Hospital, Cheadle	–	2	2
Rauceby Mental Hospital, Sleaford, Lincs	–	2	2
Townley's Branch of Bolton and General Hospital	–	1	1
	375	527	902

These patients were admitted in the circumstances set out in the following Table :—

	Males	*Females*	*Total*
Lunacy Act, 1890.			
Summary Reception Orders (Sec. 16)	111	202	313
Duly Authorised Officers' 3-day Orders (Sec. 20)	34	41	75
Justices' 14-day Orders (Sec. 21)	30	37	67
Urgency Orders (Sec. 11)	1	–	1
Mental Treatment Act, 1930.			
Tempory Patients (Sec. 5)	3	8	11
Voluntary Patients	195	239	434
Criminal Justice Act, 1948.			
Reception Orders (Sec. 24)	1	–	1
	375	527	902

MENTAL HOSPITAL CATCHMENT AREAS.

The two Regional Hospital Boards have arranged the following Catchment Areas for Derbyshire cases :—

North West Area. (That is, that part in the area of the Manchester Regional Hospital Board, comprising Buxton Borough, Glossop Borough, New Mills Urban District, Whaley Bridge Urban District and Chapel-en-le-Frith Rural District).

Parkside Mental Hospital,
Macclesfield. Telephone : Macclesfield 2617.

Long Eaton Urban District and Shardlow Rural District.

Kingsway Hospital,
Derby. Telephone : Derby 44393.

Remainder of County.

The Pastures Hospital,
Mickleover, Derby. Telephone : Derby 53921.

(*c*) *Under the Mental Deficiency Acts*, 1913—1938.

Guardianship.

All cases under Guardianship Orders are visited by a Medical Officer with special experience in Mental Deficiency and are also visited regularly by the Mental Health Social Workers.

Admissions to Institutions for Mental Defectives.

During the year 1952 only twenty-six cases were admitted to Institutions for Mental Defectives and of these only seven were under the age of sixteen. Set out below are particulars of 126 patients who are urgently awaiting admission to Institutions. Many of these have been waiting admission for several years and increasing pressure from relatives and others is received almost daily for beds for really desperate cases.

CASES URGENTLY AWAITING ADMISSION TO INSTITUTIONS FOR MENTAL DEFECTIVES.

	Under 16		*Over 16*		*Total*		
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*T.*
Manchester Regional Hospital Board Area (Population 70,000)	13	4	2	2	15	6	21
Sheffield Regional Hospital Board Area .. (Population 615,100)	40	19	26	20	66	39	105
Whole County	53	23	28	22	81	45	126

It will be seen that the most urgent demand is in respect of children under sixteen years of age, numbering seventy-six, yet it is seldom possible to obtain a vacancy for a child, particularly if also epileptic. Slight relief has been afforded to a few harassed parents during the year 1952 by arranging a short-term stay in an Institution, usually during the summer months while other children in Institutions are home on holiday. The whole problem of Institutional accommodation for mental defectives is becoming increasingly difficult as more and more special schools are opened for aducationally subnormal children. Certain children admitted to these special schools have no homes or have bad homes and when they are discharged on attaining the age of sixteen it is often necessary to admit them to Institutions for Mental Defectives, so that many of the vacancies likely to occur in the future will be required for these cases. In addition to the urgent waiting list there is a further list of seventy patients awaiting admission to Institutions when beds are available. Any of these may become urgent at any time on the death of aged parents, etc.

The following table gives details of the number of mental defectives reported and dealt with during the year 1952 and also shows the numbers of mental defectives in the County on 1st January, 1953 :—

	During 1952				*Total cases on Authority's registers as at 1st January*, 1953			
	Under age 16		*Aged* 16 *and over*		*Under age* 16		*Aged* 16 *and over*	
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
1. *Particulars of cases reported during* 1952 :—								
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944) :—								
(i) Under Section 57 (3) ..	19	10	–	–	–	–	–	–
(ii) Under Section 57 (5) :—								
On leaving special schools	–	2	–	–	–	–	–	–
On leaving ordinary schools	1	2	–	–	–	–	–	–
(b) Police or by Courts	–	–	2	2	–	–	–	–
(c) Other defectives reported during 1952 :—								
(i) found "subject to be dealt with"	3	2	4	7	–	–	–	–
(ii) not at present "subject to be dealt with"	9	3	13	12	–	–	–	–
(d) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) (b) or (c)	9	2	–	4	–	–	–	–
Total number of cases reported during the year :—	41	21	19	34	–	–	–	–

	During 1952				*Total cases on Authority's registers as at 1st January*, 1953			
	Under age 16		*Aged 16 and over*		*Under age 16*		*Aged 16 and over*	
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
2. *Disposal of cases*								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number :—								
(i) Placed under Statutory Supervision	23	14	3	5	147	119	233	257
(ii) Placed under Guardianship	–	–	–	–	–	–	2	2
(iii) Taken to "Places of Safety"	–	1	–	1	1	–	4	3
(iv) Admitted to Institutions..	–	1	3	3	11	10	220	297
(b) Those not at present "subject to be dealt with" :								
(i) Placed under Voluntary Supervision	9	3	13	19	8	6	215	229
(ii) Action unnecessary ..	–	–	–	2	–	–	–	–
Total of item 2 ..	32	19	19	30	167	135	674	788
3. *Classification of defectives in the Community on* 1.1.53.								
(a) Cases included in item 2 (a) (i) to (iii) above in need of Institutional care :—								
(1) In urgent need of institutional care :—								
(i) "cot and chair" cases..	–	–	–	–	11	7	1	1
(ii) ambulant low grade cases	–	–	–	–	24	12	12	7
(iii) medium grade cases ..	–	–	–	–	18	4	12	12
(iv) high grade cases ..	–	–	–	–	–	–	3	2
(2) Not in urgent need of institutional care :—								
(i)"cot and chair" cases	–	–	–	–	2	1	1	2
(ii) ambulant low grade cases	–	–	–	–	3	5	4	2
(iii) medium grade cases ..	–	–	–	–	4	7	16	14
(iv) high grade cases ..	–	–	–	–	–	–	6	3
Total of item 3 (a).. ..	–	–	–	–	62	36	55	43

	Under age 16		*Aged 16 and over*	
	M.	*F.*	*M.*	*F.*
3. (b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i), number considered suitable for :—				
(i) occupation centre	74	72	–	–
(ii) industrial centre..	–	–	14	19
(iii) home training	3	1	8	19
Total of item 3 (b)	77	73	22	38
(c) Of the cases included in item 3 (b) number receiving training on 1.1.53 :—				
(i) in occupation centre	32	28	8	13
(ii) in industrial centre	–	–	–	–
(iii) at home	–	–	–	–
Total of item 3 (c)	32	28	8	13

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these forms of care during 1952.

	M.	*F.*	*T.*
(a) Ceased to be under care	59	66	125
(b) Died, removed from area, or lost sight of ..	21	30	51
Total	80	96	176

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1952 3

	Males	*Females*
(b) Number who have married during 1952 ..	2	8

6. Number of patients admitted to Institutions for Mental Defectives during the year 1952.

	M.	*F.*	*T.*
(a) By Order :			
(i) Under 16 years of age	3	7	10
(ii) Aged 16 years and over	5	11	16
Total admitted by Order	8	18	26
(b) Admitted to "Places of Safety"	2	3	5
Total	10	21	31

MORBIDITY IN THE WORKING POPULATION.

The Ministry of National Insurance hopes, in due cause, to make use of the Medical Certificates submitted in connection with Sickness Benefit Claims for the compilation of analysed morbidity statistics which will be of value to Medical Officers of Health. Experimental work is in progress in this connection but it will be some time before the possibilities can be determined. Meanwhile it has been suggested that the fluctuations in the weekly figures representing total (unanalysed) new claims to Sickness Benefit compiled in each of the Local Offices of the Ministry may give some index of the general health of the population using each office, notably, say, in indicating the onset and progress of seasonal or epidemic influenza.

The Local Offices of the Ministry of National Insurance do not serve sharply defined Local Authority areas and the claimants may use whichever Local Office is convenient. Broadly speaking, however, the Local Office figures relate to the insured population resident in the area served and figures from the Local Offices within the administrative area of a Local Authority will give some picture relating to that area, especially if considered in the light of special knowledge. It should be borne in mind that uninsured persons (children, the aged, many married women) are outside the scope of these proposals which may be said by and large to cover the working population.

The total morbidity figures for the working population using Local Offices in the County for the year 1952 are set out below :—

January	1st	..	1,142	July	1st	..	833
„	8th	..	1,564	„	8th	..	943
„	15th	..	1,344	„	15th	..	883
„	22nd	..	1,353	„	22nd	..	870
„	29th	..	1,419	„	29th	..	968
February	5th	..	1,611	August	5th	..	655
„	12th	..	1,549	„	12th	..	835
„	19th	..	1,587	„	19th	..	956
„	26th	..	1,592	„	26th	..	940
March	4th	..	1,673	September	2nd	..	990
„	11th	..	1,449	„	9th	..	982
„	18th	..	1,393	„	16th	..	1,018
„	25th	..	1,259	„	23rd	..	1,151
April	1st	..	1,192	„	30th	..	1,231
„	8th	..	1,182	October	7th	..	1,283
„	15th	..	847	„	14th	..	1,210
„	22nd	..	1,159	„	21st	..	1,295
„	29th	..	1,115	„	28th	..	1,285
May	6th	..	1,098	November	4th	..	1,270
„	13th	..	1,020	„	11th	..	1,188
„	20th	..	937	„	18th	..	1,143
„	27th	..	976	„	25th	..	1,321
June	3rd	..	750	December	2nd	..	1,512
„	10th	..	882	„	9th	..	1,506
„	17th	..	941	„	16th	..	1,376
„	24th	..	971	„	23rd	..	1,300
				„	30th	..	1,188

Average per week — 1,173.

In this country in the past we have been provided with information regarding the causes of death and notifications of certain infectious diseases and have been prone to draw from them certain conclusions regarding the public health. I think it is true to say that we have little knowledge about the physical and mental health of the majority of the population of this country but the incidence of sickness in the working population which is now being provided, lacking * in detail as it is, is a step in the right direction.

TABLE XXV.

Cases of Notifiable Diseases notifed during 1952
as reported by the Local Medical Officers of Health.

Urban Districts	T'berculosis		Smallpox	Scarlet Fever	Diphtheria	Typhoidal Fevers	Puerperal Pyrexia	Cerebro-Spinal Fever	Erysipelas	Ophth. Neon.	Enceph. Letharg.
	Pulmonary	Other									
Alfreton	16	4	–	2	–	–	–	–	–	–	–
Ashbourne	8	1	–	4	–	–	–	–	3	–	–
Bakewell	–	–	–	1	–	–	1	–	1	–	–
Belper	5	1	–	61	–	–	6	–	3	–	–
Bolsover	7	2	–	33	–	–	1	1	4	–	–
Buxton (Borough) ..	15	3	–	12	–	–	1	–	1	–	–
Chesterfield (Borough)	54	4	–	132	–	–	5	–	25	–	–
Clay Cross	3	1	–	15	–	–	–	–	–	–	–
Dronfield	5	1	–	15	–	–	–	–	–	–	–
Glossop (Borough) ..	5	4	–	40	–	–	2	–	–	–	–
Heanor	27	2	–	76	–	–	4	1	6	1	–
Ilkeston (Borough) ..	31	5	–	50	–	–	1	–	2	–	–
Long Eaton	29	4	–	27	–	–	–	–	2	–	–
Matlock	11	3	–	29	–	–	1	1	–	–	–
New Mills	5	2	–	19	–	–	–	–	–	–	–
Ripley	12	–	–	38	–	–	1	–	10	–	–
Staveley	9	–	–	26	–	–	–	–	1	–	–
Swadlincote	15	2	–	3	–	–	–	2	1	–	–
Whaley Bridge ..	2	1	–	4	–	–	1	–	1	–	–
Wirksworth	5	–	–	3	–	–	–	1	–	–	–
Urban Districts ..	264	40	–	590	–	–	24	6	60	1	–
Rural Districts											
Ashbourne	7	6	–	14	–	–	–	1	1	–	–
Bakewell	16	3	–	9	–	1	–	2	7	–	–
Belper	21	4	–	18	–	–	3	–	2	–	–
Blackwell	27	5	–	60	–	–	2	–	4	–	–
Chapel-en-le-Frith ..	11	4	–	8	–	–	–	–	–	1	–
Chesterfield	46	9	–	99	–	–	5	3	16	1	–
Clowne	10	1	–	19	–	–	2	1	4	–	–
Repton	9	4	–	16	–	2	2	–	2	–	–
Shardlow	55	13	–	90	–	–	1	–	16	–	–
Rural Districts ..	202	49	–	333	–	3	15	7	52	2	–
Urban Districts ..	264	40	–	590	–	–	24	6	60	1	–
Whole County	466	89	–	923	–	3	39	13	112	3	–

APPENDIX I.

NATIONAL HEALTH SERVICE, ACT, 1946.

LOCAL HEALTH SERVICES.

PART 1.
RETURN RELATING TO SERVICES PROVIDED BY OR ON BEHALF OF THE COUNCIL AS LOCAL HEALTH AUTHORITY AND OF WORK DONE DURING THE YEAR 1952.

1. Births.

Number of births notified in the Authority's area during the year under Section 203 of the Public Health Act, 1936, or Section 255 of the Public Health (London) Act, 1936, as adjusted by any transferred notifications :—

(*a*) Live births :—		(*b*) Stillbirths :—		(*c*) Totals :—	
(i) Domiciliary ..	4,340	(i) Domiciliary..	74	(i) Domiciliary..	4,414
(ii) Institutional ..	6,047	(ii) Institutional	162	(ii) Institutional	6,209
				Grand Total	10,623

2. Infectious Diseases.

(1)	Ophthalmia Neonatorum		Pemphigus Neonatorum		Puerperal Pyrexia	
	Domiciliary confinements (2)	Institutional confinements (3)	Domiciliary confinements (4)	Institutional confinements (5)	Domiciliary confinements (6)	Institutional confinements (7)
Number of cases notified during the year	3	–	1	–	22	14
Number of cases removed to hospitals	–	–	—	—	—	—

Number of cases of Ophthalmia Neonatorum notified during the year, in which :—

(*a*) Vision was unimpaired .. 3 (*b*) Vision was impaired .. .. –
(*c*) Vision was lost .. .. – (*d*) The patient died .. .. –
†(*e*) The patient was still under treatment at the end of the year .. –
(*f*) The patient removed from the district .. .. –
(*g*) Classification under the above heads cannot be made (details of these cases should be attached) .. .. –

Total .. ..‡ 3

NOTES : †A separate statement should be furnished showing the results of the treatment of any cases which were included under this sub-head in the Authority's return for the preceeding year.

‡This total should agree with the aggregate of the figures given as the first entries in columns (2) and (3) of the table above, which should include only notifications under the Public Health (Ophthalmia Neonatorum) Regulations, 1926–1937.

3. Deaths ascribed to Pregnancy or Childbirth.

(*a*) Number of women attended **in the area** at home or in private nursing homes whose deaths were ascribed to pregnancy or childbirth during the year :—

	(i) From sepsis	(ii) From other causes
Attended at home	–	1
Attended in private nursing homes	–	–

(*b*) Number of women at (*a*) who died :—

(i) At home	1
(ii) In private nursing homes ..	–
(iii) After removal to a hospital ..	–

4. Ante-Natal and Post-Natal Clinics.

(1)	Number of clinics provided at end of year (whether held at Child Welfare Centres or other premises)*† (2)	Number of sessions now held *per month* at clinics included in col. (2) (3)	Number of women in attendance		
			Number of women who attended during the year (4)	Number of new cases included in col. (4) i.e. for A.N. clinics women who had *not* previously attended any clinic of the local health authority during current pregnancy and for P.N. clinics women who had *not* previously attended any P.N. clinic of the local health authority after last confinement (5)	Total number of attendances made by women included in col. (4) during the year (6)
al Health Authority linics :					
nte-natal clinics ..	22	124.6	5,567	4,467	19,124
ost-natal clinics ..	2	2	‡455 (368)	‡409 (326)	‡580 (398)
ics provided by oluntary rganisations :					
nte-natal clinics ..	—	—	—	—	—
ost-natal clinics ..	—	—	—	—	—

NOTES : *A list giving the names and addresses of any clinics (*a*) discontinued and (*b*) started during the year should be attached.

†Clinics provided by another Local Health Authority and used by agreement or by a voluntary organisation which the Authority subsidise but which are situated in the area of another authority should *not* be included, but a separate note should be attached showing the number of such clinics used by mothers resident in the Authority's area and the number of sessions held *per month* and if readily available, statistics as in columns (4) to (6) in respect of these women.

‡Women examined post-natally at ante-natal clinics should be included in the post-natal (not the ante-natal) figures and also shown separately in the brackets.

5. Ante-Natal and Post-Natal Examinations made by General Practitioners at the mother's home or the practitioner's surgery under arrangements made by the Authority.

Where a Local Health Authority, with the Minister's approval, has made arrangements for women living in outlying districts which are not served by clinics to be examined ante-natally/post-natally by general practitioners the following information about these arrangements should be supplied for the year :—

(i) Number of women examined ante-natally	Nil
(ii) Number of ante-natal examinations made	,,
(iii) Number of women examined post-natally	,,
(iv) Number of post-natal examinations made	,,

6. Child Welfare Centres.

(1)	Number of centres provided at end of year‡† (2)	Number of Child Welfare sessions now held *per month* at centres in col. (2) (3)	Number of children who attended centres in col. (2) during the year (4)	Number of children who first attended the centres during the year, and who on the date of their first attendance were:		Number of children in attendance at the end of the year who were then:—		Total number of attendances made by children included in col. (4) during the year	
				Under 1* year of age (5)	Over 1* year of age (6)	Under 1 year of age (7)	Between the ages of 1 and 5 (8)	Under 1 year of age (9)	Over 1 year of age (10)
Local Health Authority centres ..	86	340	14,179	6,024	437	5,098	8,061	76,019	31,357
Centres provided by Voluntary Organisations ..	3	8	198	91	1	79	119	1,298	612

NOTES : ‡A list giving the names and addresses of any centres (*a*) discontinued and (*b*) started during the year should be attached.

†Centres provided by another Local Health Authority and used by agreement, or by a voluntary organisation which the Authority subsidise but which are situated in the area of another authority, should *not* be included, but a separate note should be attached showing the number of such centres used by children resident in the Authority's area and the number of sessions held *per month* also if readily available, statistics as in columns (4)–(10) in respect of these children.

*Excluding children who are known to have previously attended a centre : it is desired that the figures should relate to children who as far as is known attended a child welfare centre for the first time in their lives during the year under review.

7. Dental Care of Expectant and Nursing Mothers and Children under School Age.

Dentists taking part at the end of the year in the Local Health Authority's arrangements for the care of expectant and nursing mothers and children under school age :—

(*a*) Number employed whole-time in this work .. .. Nil
(*b*) Number employed part-time in this work 5
(*c*) Total number of sessions worked during the year .. 42 in Chesterfield Borough. None specifically set aside in remainder of County for Expectant and Nursing Mothers and pre-school children.
(*d*) Number of dental clinics 22

8. Health Visiting.

	Number of Health Visitors employed at end of year		Equivalent Whole-time Health Visitor services provided under col. (3) (all classes, including attendance at Child Welfare Centres	Number of visits paid by Health Visitors during the year							
				Expectant mothers*		Children under 1 year of age		Children between the ages of 1 & 5		Other cases	
	Whole time on health visiting	Part-time on health visiting		First visits	Total visits	First visits	Total visits	First visits	Total visits	First visits	Total visits
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Local Health Authority	1	52	36	2,316	3,284	10,311	33,847	2,460	55,250	2,934	8,245
Voluntary Organisations ..	—	—	—	—	—	—	—	—	—	—	—

NOTE : *These figures should not include visits paid by a midwife-health visitor, who is to attend the confinement as a midwife or maternity nurse.

9. Home Nursing.

	Number of Home Nurses employed at end of year		Equivalent Whole-time home nursing service provided in Col. (3)	Number of cases attended by Home Nurses during the year	Number of visits paid by Home Nurses during the year
	Whole-time on home nursing	Part-time on home nursing			
(1)	(2)	(3)	(4)	(5)	(6)
Local Health Authority ..	99	37	18	15,406	344,792
Voluntary Organisations by Agreement with the Authority	—	—	—	—	—

10. Domestic Helps.

(i) Number of Domestic Helps employed at end of year :—

(*a*)	Whole-time	39
(*b*)	Part-time	35

(ii) Number of cases where domestic help was provided during the year :—

(*a*)	maternity (including expectant mothers)	143
(*b*)	tuberculosis	–
(*c*)	others	388

(iii) Number of Domestic Help Organisers employed.. 1

11. Day Nurseries (including 24-hour Nurseries) as at end of year.

(1)	Number (2)	Number of approved places		Number of children on the register at the end of the year		Average daily attendance during the year	
		0–2 (3)	2–5 (4)	0–2 (5)	2–5 (6)	0–2 (7)	2–5 (8)
(*a*) Nurseries maintained by the Council	5	91	134	63	172	50.57	132.71
(*b*) Nurseries maintained by Voluntary Organisations by arrangement with the Council under Section 22 ..	—	—	—	—	—	—	—

NOTE : A list giving the names and addresses of any Day Nurseries (*a*) opened, (*b*) closed during the year should be attached.

12. Daily Minders receiving fees from the Authority under Section 22 of the National Health Service Act, 1946, at end of year.

(*a*)	Number of minders	Nil
(*b*)	Number of children cared for	Nil

13. Mother and Baby Homes—(*i.e.* Homes or hostels for unmarried mothers and their babies).

†Name and Address of Home or Hostel	Number of beds				Number of admissions (ignoring re-admissions after confinement) during the year	Number of admissions in col. (6) for which the authority was responsible	length of stay	
	Total beds (excluding maternity and labour and cots)	†Maternity (excluding labour and isolation)	Labour beds	Cots			Ante natal	Post natal ‡
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(*a*) Provided by the Authority :—	NIL							
(*b*) Provided or used by Voluntary Organisations with which the Authority make arrangements under S. 22 (1), or to which the Authority make payment under S. 22 (5), for women from the Authority's area :	NIL							

Number of cases sent by the Authority during the year to Homes other than those mentioned in (a) and (b) above, payment being made on an *ad hoc* basis :—

(*a*) Expectant mothers 41

(*b*) Post-natal cases 38

NOTES : ‡Exclusive of the lying-in period.

†A separate form M.C.W. 96a, should be furnished for each institution with *maternity* beds included in the above table. Immediate information should be sent to the Principal Medical Officer for the Region and addressed to him at the Ministry of Health, Savile Row, W.1, of the occurrence in any of these institutions of (*a*) EVERY DEATH ; (*b*) ALL CASES OF OPHTHALMIA NEONATORUM, PEMPHIGUS AND *INFECTIVE GASTRO-ENTERITIS* AND (*c*) ANY OUTBREAK OF OTHER INFECTIOUS DISEASES.

14. Illegitimate Children (with special reference to Circular 2866).

(i) Do the Authority employ a Social Worker for the purpose of Circular 2866 ?

(*a*) Themselves .. .. No

(*b*) In combination with another Local Health Authority ? .. .. No

(ii) If not, what arrangements are made for this work to be undertaken ? The Superintendent Health Visitor has been specially deputed to keep illegitimate children under particular observation.

PART II.

MIDWIVES ACT, 1951.

RETURN BY LOCAL SUPERVISING AUTHORITY.

1. Midwives.

	Number of Midwives practising in the area of the Local Supervising Authority at end of year.		
	Domiciliary Midwives	Midwives in Institutions	Total
(*a*) Midwives employed by the Authority ..	108	–	108
(*b*) Midwives employed by Voluntary Organisations—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	–	–	–
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	–	–	–
(*c*) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ..	–	79	79
(*d*) Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	8	5	13
Totals	116	84	200

NOTE: Midwives engaged in both domiciliary and institutional practice should be included in the capacity in which they are mainly employed.

2. Maternity Cases Attended.

	Number of maternity cases in the area of the Local Supervising Authority attended by Midwives *during the year*					
	Domiciliary cases		Cases in Institutions		Totals	
	As Midwives (1)	As Maternity Nurses (2)	As Midwives (3)	As Maternity Nurses (4)	As Midwives (5)	As Maternity Nurses (6)
(1) Midwives employed by the Authority	2,918	1,561	–	–	2,918	1,561
(2) Midwives employed by Voluntary Organisations— ..						
(*a*) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946..	–	–	–	–	–	–
(*b*) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	–	–	–	–	–	–
(3) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	–	–	3,280	195	3,280	195
(4) Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	17	22	60	315	77	337
TOTALS ..	2,935	1,583	3,340	510	6,275	2,093

(5) Number of cases (which should be included in columns (3) or (4) and excluded from columns (1) or (2)) attended by domiciliary midwives after discharge from the hospital or institution and before the fourteenth day 566.

NOTES: (1) Where midwives are engaged in both domiciliary and institutional practice, cases attended by them should be separated into domiciliary or institutional.

(2) Where midwives are employed by a Hospital Management Committee or Board of Governors responsible for several institutions situated in the areas of more than one Local Supervising Authority, the cases attended by them should be included in the return of the Authority in whose area the cases are located.

(3) As to the distinction between midwives' and maternity nurses' cases in domiciliary practice attention is drawn to Circular 173/48.

3. Medical Aid under Section 14 (1) of the Midwives Act, 1951.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, by a Midwife :—

(*a*)	For Domiciliary Cases :—	
	(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service—number	602
	(ii) Others—number	271
	Total	873
(*b*)	For cases in Institutions	491

4. Administration of Gas and Air Analgesia.

(1) Institutional Midwives.

Number of **Institutional** Midwives in practice in the area at the end of the year qualifed to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board :—

(*a*)	Employed in homes and hospitals in the National Health Service	57
(*b*)	Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	2
	Total	59

(2) Domiciliary Midwives.

(1)	*Domiciliary* Midwives employed directly by Local Health authority (2)	*Domiciliary* Midwives employed in public midwifery service under Section 23 by voluntary organisations as agents of Local Health Authority (3)	*Domiciliary* Midwives employed in public midwifery service under Section 23 by hospital authorities as agents of Local Health Authority (4)	*Domiciliary* Midwives in private practice or employed by organisations *not* acting as agents of Local Health Authority (5)	Total (6)
(a) Number of *domiciliary* midwives practising in the area at end of year, who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board	107	—	—	1	108
(b) Number of sets of apparatus for the administration of gas and air in use at end of year ..	107	—	—	1	108
(c) Number of cases in which gas and air was administered by midwives in *domiciliary* practice during the year :—					
(i) When acting as a midwife	1,711	—	—	—	1,711
(ii) When acting as a maternity nurse	481	—	—	—	481
(d) Number of cases in which pethidine was administered by midwives in *domiciliary* practice during the year :—					
(i) When acting as a midwife	579	—	—	—	579
(ii) When acting as a maternity nurse	598	—	—	13	611
N.B.—As to the distinction between midwives' and maternity nurses cases in domiciliary practice attention is drawn to Circular 173/48).					

COUNTY OF DERBY

Table of Deaths during the year 1952 in each of the Sanitary Districts, Classified according to Diseases.

DISTRICTS	DEATHS FROM VARIOUS CAUSES																																				
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with heart disease	Other Heart Diseases.	Other Circulatory Diseases.	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill-defined diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of war	All Causes
(URBAN)																																					
ALFRETON	5	–	1	–	–	–	–	–	–	11	6	4	–	14	–	4	35	25	6	47	2	–	8	7	3	1	1	1	2	–	–	20	1	5	2	1	212
ASHBOURNE	–	–	1	–	–	–	1	–	–	1	–	–	–	4	–	–	5	12	–	15	4	–	1	3	–	1	–	–	1	–	–	9	–	–	–	–	58
BAKEWELL	–	–	–	–	–	–	–	–	–	–	2	2	–	3	–	1	7	3	–	6	3	–	1	1	–	–	–	1	–	–	–	6	1	–	–	–	37
BELPER	–	1	–	–	–	–	–	–	2	4	6	2	1	16	–	2	25	30	2	21	17	–	9	1	3	1	–	2	1	–	5	11	–	3	3	–	168
BOLSOVER	–	–	–	–	–	–	–	–	1	5	1	3	1	7	–	2	5	8	1	26	3	1	4	2	3	2	–	1	–	–	3	8	–	3	–	–	90
BUXTON (Borough) ..	5	1	2	–	–	–	–	–	–	5	6	3	2	22	–	2	34	35	4	59	7	1	3	12	1	2	–	–	1	–	–	23	2	5	5	–	242
CHESTERFIELD (Bor'gh)	9	–	1	–	–	–	2	–	3	17	17	16	5	69	1	5	84	94	27	142	26	2	25	35	11	6	6	10	6	1	5	69	1	13	5	2	715
CLAY CROSS	1	–	–	–	–	1	–	–	–	1	3	2	1	3	–	–	14	7	2	20	3	–	4	6	1	–	–	–	2	–	1	8	1	2	–	–	83
DRONFIELD	1	–	–	–	–	–	–	–	–	2	1	–	2	6	1	1	9	4	2	20	3	–	1	2	1	–	1	2	–	–	–	5	1	1	1	–	67
GLOSSOP (Borough) ..	1	–	–	–	–	–	–	–	–	6	1	3	2	24	1	2	42	26	2	52	10	4	9	17	–	2	1	9	2	–	–	31	3	5	2	–	257
HEANOR	4	–	–	–	–	–	–	–	1	9	5	1	1	31	–	–	26	18	6	27	12	1	9	9	2	5	–	6	4	1	–	21	3	7	1	–	210
ILKESTON (Borough) ..	7	–	1	–	–	–	–	1	1	7	6	5	2	31	–	2	62	40	5	50	13	3	10	35	3	2	1	5	–	–	1	28	3	4	7	–	335
LONG EATON	7	–	–	–	–	–	–	–	–	8	4	5	5	25	1	2	48	54	9	51	4	–	10	19	1	4	–	3	2	–	1	28	3	2	4	–	300
MATLOCK	1	–	–	–	–	–	–	–	2	6	4	6	–	22	1	2	34	34	1	35	4	1	4	8	2	4	1	4	1	–	4	15	–	4	2	–	202
NEW MILLS	1	–	–	–	–	–	–	–	–	6	1	2	–	12	–	1	11	8	1	22	16	–	1	2	2	–	–	2	2	–	–	9	–	4	3	–	106
RIPLEY	4	1	–	–	–	–	1	–	2	9	2	1	1	22	–	2	23	13	1	20	13	–	8	8	3	5	1	3	3	–	4	36	1	6	2	–	195
STAVELEY	2	1	–	–	–	–	–	–	–	4	5	2	3	17	–	4	12	13	–	43	3	–	8	11	–	–	–	4	1	1	4	11	–	7	–	–	156
SWADLINCOTE ..	7	3	1	–	–	1	–	–	1	12	7	1	1	14	–	1	25	23	6	53	12	1	5	14	4	4	–	3	3	–	1	17	3	5	1	–	229
WHALEY BRIDGE ..	–	–	–	–	–	–	–	–	–	2	3	–	–	7	–	1	8	12	2	14	3	–	–	3	–	3	1	1	–	–	1	5	–	–	–	–	66
WIRKSWORTH	–	–	–	–	–	–	–	–	–	2	–	–	–	8	1	1	13	5	–	13	1	–	2	4	–	–	–	–	1	1	–	4	2	3	1	–	62
URBAN DISTRICTS ..	55	7	7	–	–	2	4	1	13	117	80	58	27	357	6	35	522	464	77	736	159	14	122	199	40	42	13	57	32	4	30	364	25	79	39	3	3,790
(RURAL)																																					
ASHBOURNE	–	–	–	–	–	–	–	–	1	3	3	3	–	15	–	2	20	16	2	34	6	–	3	8	1	1	–	3	–	–	–	6	2	2	2	–	133
BAKEWELL	2	1	–	–	–	–	–	–	2	6	6	5	1	26	1	3	37	23	3	72	10	1	7	10	2	5	1	2	1	1	1	15	2	10	4	1	261
BELPER	6	–	–	–	–	–	–	–	–	1	8	3	1	28	–	2	48	35	7	57	15	–	15	5	2	–	2	6	3	–	3	22	5	9	5	–	288
BLACKWELL	8	3	3	–	2	1	–	–	1	11	12	2	2	28	–	11	57	34	7	96	25	1	17	26	7	–	2	8	2	1	4	50	3	10	6	–	440
CHAPEL-EN-LE-FRITH	4	–	–	–	–	1	–	–	–	4	4	4	1	18	2	2	49	25	4	61	10	1	6	10	2	3	–	3	1	–	2	24	–	6	1	–	248
CHESTERFIELD ..	8	1	4	–	2	–	–	–	–	26	21	15	5	66	5	7	103	71	17	149	26	2	28	23	3	4	2	9	6	1	9	90	5	14	7	–	729
CLOWNE	5	–	–	–	–	–	1	–	–	5	3	–	2	21	2	1	22	17	6	46	5	1	11	17	2	–	–	5	–	–	2	21	1	76	1	–	273
REPTON	4	–	2	–	–	–	–	–	–	10	8	9	–	33	1	1	45	33	10	62	17	–	20	20	6	4	–	4	1	–	3	33	3	4	–	1	334
SHARDLOW	18	–	1	–	–	–	1	–	1	19	22	8	4	76	4	9	124	107	12	115	26	4	22	24	7	11	3	12	8	1	9	62	12	8	8	–	738
RURAL DISTRICTS ..	55	5	10	–	4	2	2	–	5	85	87	49	16	311	15	38	505	361	68	692	140	10	129	143	32	28	10	52	22	4	33	323	33	139	34	2	3,444
URBAN DISTRICTS ..	55	7	7	–	–	2	4	1	13	117	80	58	27	357	6	35	522	464	77	736	159	14	122	199	40	42	13	57	32	4	30	364	25	79	39	3	3,790
WHOLE COUNTY ..	110	12	17	–	4	4	6	1	18	202	167	107	43	668	21	73	1,027	825	145	1,428	299	24	251	342	72	70	23	109	54	8	63	687	58	218	73	5	7,234

DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

County School Medical Officer

ON THE

Health & Well-being of School Children

FOR THE

Year ended 31st December, 1952

J. B. S. MORGAN,
B.Sc., M.B., B.Ch., D.P.H., L.R.C.P., M.R.C.S.,
County School Medical Officer.

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DERBYSHIRE EDUCATION COMMITTEE

(As at 31st December, 1952)

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(Chairman)

COUNCILLOR J. B. HANCOCK
(Vice-Chairman)

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T. M. BENNISON
MRS. G. BUXTON
MRS. M. CANTRILL
C. FEAKIN
R. FEWKES
A. FOWLER
MRS. F. E. SHIPLEY
MRS. D. M. SUTTON
E. SWALE
F. WALKER
REV. E. J. WASS
C. F. WHITE, C.B.E., J.P.
F. WILSON

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R. J. BOAK
G. BRAILSFORD
J. W. BROADHURST
A. BUCHAN
MRS. O. EDEN
D. PRINCE
F. V. SCOPES
F. S. SHORT
MISS A. V. STAFFORD
H. TURNER
J. TURNER
E. WRIGHT

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W. ABEL, ESQ.
MRS. E. E. ARMSTRONG
VERY REV. FATHER A. BALDWIN
N. J. BOOTH, ESQ.
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W. A. HUNT, ESQ.
R. A. KIRKMAN, ESQ.
DR. M. M. LEWIS, M.A.
A. S. McWILLIAM, ESQ.
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REV. H. S. O'NEILL
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BRIG.-GEN. E. C. W. D. WALTHALL, C.M.G., D.S.O.
MRS. E. WEBB

SPECIAL SERVICES SUB-COMMITTEE OF THE DERBYSHIRE EDUCATION COMMITTEE

(As at 31st December, 1952)

ALDERMAN F. A. GENT
(Chairman)

COUNCILLOR J. B. HANCOCK
(Vice-Chairman)

Aldermen

MRS. A. M. BELFIELD
MRS. G. BUXTON
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E. WRIGHT

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MRS. E. E. ARMSTRONG
R. A. KIRKMAN, ESQ.
MISS M. H. MANSELL, M.A.
REV. H. S. O'NEILL
MRS. E. WEBB

A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December, 1952, its membership was as follows :—

Representing the County Health Committee :
ALD. F. WILSON *(Chairman)*
ALD. W. BOOT
ALD. MRS. F. E. SHIPLEY
ALD. MRS. D. M. SUTTON

Representing the Education Committee :
ALD. MRS. G. BUXTON
ALD. F. A. GENT
COUN. MRS. O. EDEN
COUN. J. B. HANCOCK

ANNUAL REPORT

of the COUNTY SCHOOL MEDICAL OFFICER on the Health and Well-being of School Children for the Year ended 31st December, 1952.

To the Chairman and Members of the Derbyshire Education Committee.

Ladies and Gentlemen,

I have the honour to present my ninth Annual Report on the health and well-being of children attending schools maintained by the Derbyshire Education Committee.

On the whole the nutritional state of the children has been maintained at a high level, due to most present-day mothers being made aware of food values through the educational system, wireless broadcasts and television programmes, supplemented by milk and meals at school. Ideally, meals at school should be unnecessary for those children who live sufficiently near to their schools to be able to have a mid-day meal cooked by their own mothers at home, but as long as some mothers are ill-informed of food values, or out at work or too lazy to cook adequate meals for their children, it is well that school meals should continue to be provided. Undoubtedly the lack of a suitable diet during a substantial part of a child's growing period causes irreparable damage, as however generous a diet may be when manhood is reached, it cannot then rectify all the defects that may have been produced.

The number of children found verminous was roughly 3.9% of the school enrolment, which is the same figure as for the previous year. In these enlightened days it is unfortunate that there should be any incidence of this condition, particularly when there are a number of really efficient insecticides available. It should be stated that the figure for England and Wales for 1951 was 6% and while the corresponding figure for Derbyshire in 1952 is 3.9% this should not give rise to complacency, because no satisfaction can really be experienced until it is wiped out altogether.

The number of pupils medically examined at periodic inspections was 19,552, as compared with 24,660 in the previous year. As is mentioned elsewhere in this Report, the fall in numbers was due to the resignation of four of the Assistant Medical Officers, but at the time of writing this introductory letter I am pleased to say that three new Medical Officers have been appointed and taken up duty.

As usual, the teaching profession has co-operated well with the School Health Service, particularly in regard to the diphtheria immunisation campaign. Intellectual and physical health are closely

related—in fact, there is no clear line of demarcation between them—and it is important, therefore, that teachers and school medical officers should work together, in their respective spheres, to bring about an improvement in the mental, emotional, as well as the physical health of the pupils for whom they are responsible. The teacher is a specialist in imparting general knowledge, and the school medical officer in dealing with physical health, and on the surface their spheres of activity may seem to be wide apart, but actually they merge almost imperceptibly into one another. This view is borne out when it is realised that the emotions sometimes interfere with intellectual efficiency; physical handicaps may interfere with education; and ignorance may produce ill-health. It will be clear, therefore, that co-operation is necessary between teachers and school medical officers in the interests of every child attending school.

In ending this introductory letter I must pay tribute to the large amount of efficient work performed by the medical, dental, nursing and clerical staff in the Department, and to the assistance and co-operation received from the Director of Education and his staff.

Your obedient servant,

J. B. S. MORGAN,

County School Medical Officer.

County Offices,
St. Mary's Gate,
Derby.

18*th May*, 1953.

GENERAL INFORMATION AND STATISTICS.

Area and Population of Administrative County.

	Municipal Boroughs.	Urban Districts.	Rural Districts.	Totals.
Number of Sanitary Districts	4	16	9	29
Area in acres	21,149	76,916	537,391	635,456
Population, Mid-1952 ..	138,350	221,350	325,400	685,100

Primary and Secondary Schools.

Divisional Executive.	Types of Schools and Numbers.	Average No. on Registers.	
North-west ..	Primary 80	9,080	12,973
	Secondary .. 14	3,893	
North-east ..	Primary .. 116	22,194	28,805
	Secondary .. 25	6,611	
Mid-Derbyshire ..	Primary .. 82	12,568	16,296
	Secondary .. 12	3,728	
South-east ..	Primary .. 64	13,896	17,853
	Secondary .. 11	3,957	
South	Primary .. 97	13,407	17,796
	Secondary .. 12	4,389	
Chesterfield ..	Primary .. 22	7,900	12,600
	Secondary .. 13	4,700	
Total — Whole Administrative County	Primary .. 461	79,045	106,323
	Secondary .. 87	27,278	

Births, and their effect on school population.

The number of pupils attending maintained primary and secondary schools shown above has increased in recent years and from 1946 onwards the following Table gives the position annually :—

1946	..	82,895
1947	..	87,107
1948	..	91,875
1949	..	95,595
1950	..	97,511
1951	..	100,973
1952	..	106,323

These figures are a reflection of the births in the County during the preceding years, as well as the raising of the school leaving age from 14 to 15 years in 1947. Below are set out the numbers of live births in the administrative county from 1940 :—

1940	..	9,898
1941	..	10,078
1942	..	11,032
1943	..	11,724
1944	..	13,149
1945	..	11,393
1946	..	12,710
1947	..	13,714
1948	..	12,152
1949	..	11,534
1950	..	10,799
1951	..	10,440

In these figures the peak year was 1947, and as a consequence a large number of children would be expected to enter schools during 1952, after which there should be a decline, unless there is a major alteration in the usual mortality.

Nursery Schools and Classes.

The following were the Nursery Schools and Nursery Classes in the County :—

Nursery Schools.	*Approx. No. on Register.*
North-west Division—	
Glossop, Hadfield	40
North-east Division—	
Frecheville, Birley Moor Road	40

Nursery Classes are attached to the following schools :—

	Approx. No. on Register.
North-west Division—	
Glossop, Whitfield C.E.	31
North-east Division—	
Ault Hucknall, Doe Lea C.	28
Dronfield C.	17
Heath C.	23
Shirland and Higham, Stonebroom J. M. & I. ..	20
Staveley, Church Street C.E.	25
Staveley, Speedwell C.	24
Scarcliffe, Whaley Thorns	24
Shirebrook, Model Village C., I.	32
Mid-Derbyshire Division—	
Alfreton, Somercotes C., I.	26
Pinxton, Church Street, C., I.	28
South-east Division—	
Ilkeston, Chaucer C., J. M. & I.	31
Ilkeston, Gladstone C., I.	30
Chesterfield—	
Brampton Primary I.	64
Cavendish Primary I.	53
Derby Road Primary I.	50
Hasland, Eyre Street Primary I.	25
Hipper Street Primary J. M. & I.	31
St. Helen's Street Primary J. M. & I.	13
St. Mary's R.C. Primary I.	20
Whittington Moor Primary I.	52

Special Schools.

Brambling House Open Air School and Children's Centre, Chesterfield	140
Bretby Hall Orthopaedic Hospital Special School, Bretby	47
John Duncan (E.S.N. Girls') School, Buxton ..	27
Amber Valley Special Class (E.S.N. Boys), Amber Valley (Camp) School (opened 10th September, 1952)	11

Boarding Home for Maladjusted Pupils.

Holly House, Chesterfield	18

New Schools opened during 1952.

	Date of Opening.
North-west Division—	
Chapel-en-le-Frith C. Secondary Modern	1st September, 1952
Mid-Derbyshire Division—	
Matlock, Darley Dale C. Secondary Modern	9th September, 1952
Kilburn County Infants	29th September, 1952
South Division—	
Chaddesden, Morley Road County I. ..	7th January, 1952
Chaddesden, Cherry Tree Hill County I.	7th January, 1952

Schools closed during 1952.

	Date of Closure.
North-west Division—	
Chapel-en-le-Frith C.E., S.M.	31st August, 1952
South Division—	
Overseal Church of England	31st August, 1952

Schemes of Divisional Administration.

(1) Under a Scheme of Divisional Administration approved by the Minister of Education on 25th June, 1945, the Administrative Area of the Authority (excluding the Borough of Chesterfield which is an Excepted District) has been partitioned into five Divisions. So far as the School Health Service is concerned, it is a function of the various Divisional Executives to consider reports of the School Medical Officer and to make, where necessary, recommendations to the Authority relating to that Service.

(2) The Borough of Chesterfield is an Excepted District for which the Divisional Executive is the Borough Council. A Scheme of Divisional Administration made by the Borough Council was approved by the Minister of Education on 7th November, 1945. Briefly, the Borough Council exercises the following functions in respect of the Borough relating to the School Health Service in particular :—

(i) The duty of providing special educational treatment for those children who have been ascertained as needing such treatment.

(ii) The duty of carrying out the medical inspection of pupils in attendance at any school maintained by the Authority and securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(iii) The exercise of the duties relating to the power to ensure cleanliness.

(iv) The powers and duties relating to reports to local authorities under the Mental Deficiency Acts.

(v) The duty of carrying out the medical inspection of pupils receiving primary or secondary education otherwise than at school, and of securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(vi) Where an arrangement has been made between the Authority and the Proprietor of an Independent School in the Borough, the duty of carrying out the medical inspection of pupils in attendance at the school, and securing that the pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

Staff.

The Ministry of Education requested a numerical return of the staff of the School Health Service on 31st December, 1952, and the following information was provided :—

STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance) :—

School Medical Officer .. .. .. J. B. S. Morgan.
Chief Dental Officer .. .. .. H. E. Gray.

	Number.	Aggregate Staff in the service of the L.E.A. in terms of the equivalent number of whole-time officers.
(*a*) Medical Officers* (including the School Medical Officer)—		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health and Local Health Services ..	14	6.42
(iii) General Practitioners working part-time in the School Health Service	1	0.33
(*b*) Dental Officers (including the Chief Dental Officer)	5	3.59
(*c*) Physiotherapists, Speech Therapists, etc. (Specify)—		
(i) Orthopaedic Physiotherapists	2	1.40
(ii) Speech Therapists ..	2	1.90
(*d*) (i) School Nurses	53	17.04
(ii) No. of above who hold a Health Visitor's Certificate	46	
(*e*) Nursing Assistants	1	0.35
(*f*) Dental Attendants	5	4.00

*—All Medical Officers of the School Health Service other than those employed part-time for specialist examination and treatment only.

The following Table gives details of the staff during the year (including Child Guidance staff):—

Staff.	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service.	Public Health.
COUNTY SCHOOL MEDICAL OFFICER—		
J. B. S. Morgan, B.Sc., M.B., B.Ch., D.P.H., L.R.C.P., M.R.C.S.	20%	80%
DEPUTY COUNTY SCHOOL MEDICAL OFFICER—		
V. J. Woodward, M.B., Ch.B., D.P.H.	40%	60%
CHIEF ASSISTANT SCHOOL MEDICAL OFFICER—		
W. Davidson-Lamb, *M.C.*, M.B., Ch.B., D.P.H. ..	60%	40%
WHOLE-TIME ASSISTANT SCHOOL MEDICAL OFFICERS—		
F. J. Burke, M.D., B.Ch.	75%	25%
A. H. Campbell, M.R.C.S., L.R.C.P. (Left on 30/8/52)	75%	25%
J. W. Crawshaw, M.B., Ch.B.	80%	20%
Gladys C. Curtis, M.R.C.S., L.R.C.P.	70%	30%
W. Drawneek, M.B., B.S. (Left on 30/4/52) ..	80%	20%
Flora MacDonald, M.B., Ch.B., D.P.H. (Left on 7/5/52)	75%	25%
Mary E. Marsden, M.B., Ch.B. (Commenced 1/2/52; Left on 31/10/52)	80%	20%
(Four vacancies)		
PART-TIME ASSISTANT SCHOOL MEDICAL OFFICERS—		
M. Allan, M.B., Ch.B., D.P.H.	23%	77%
H. L. Barker, M.D., B.S., D.P.H.	45%	55%
G. Cochrane, M.A., M.B., Ch.B., D.P.H.	25%	75%
S. W. Lund, M.B., Ch.B., D.P.H.	33%	3%
J. A. W. Reid, M.B., Ch.B., D.P.H..	35%	65%
A. H. Wear, M.D., B.S., D.P.H.	45%	55%

Staff.	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service.	Public Health.
BOROUGH SCHOOL MEDICAL OFFICER for Chesterfield Excepted District—		
J. A. Stirling, *D.S.C.*, M.B., Ch.B., D.P.H. ..	24%	76%
ASSISTANT SCHOOL MEDICAL OFFICERS for Chesterfield Excepted District—		
P. W. Bothwell, M.B., Ch.B., D.P.H.	72%	28%
Joan M. B. Leith, M.B., Ch.B., D.P.H.	28%	72%
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CHILD PSYCHIATRISTS—		
Daisy G. Iliff, B.A., M.R.C.S., L.R.C.P., D.P.M. (Left on 29/2/52)	90%	10%
(Two vacancies).		
EDUCATIONAL PSYCHOLOGISTS—		
Grace M. Pemberton Clark, M.A. (Chesterfield Excepted District)	36%	—
Miriam E. S. Flint, B.A.	50%	—
Jean Harris, B.A. (Left 22/4/52)	60%	—
Jean Ingham, B.A. (Chesterfield Excepted District)	45%	—
D. Young, B.Sc. (Commenced 3/11/52)	50%	—
PSYCHIATRIC SOCIAL WORKERS—		
(Four vacancies)		
SPEECH THERAPISTS—		
Isobel Colquhoun, L.C.S.T. (Commenced 4/2/52; Left 30/8/52)	90%	10%
Jean F. Ward, L.C.S.T. (Chesterfield Excepted District)	100%	—
Margaret R. Young, L.C.S.T. (Commenced 3/11/52)	90%	10%
(Three vacancies)		

Staff.	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service.	Public Health.
DENTAL STAFF—		
CHIEF DENTAL OFFICER—		
H. E. Gray, L.D.S.	75%	25%
WHOLE-TIME ASSISTANT DENTAL OFFICERS—		
Josephine Dolan (Dentist, 1921)	75%	25%
S. Schatzberg, M.D. (Vienna) (Died 29/8/52) ..	75%	25%
(Nine and 6/11ths vacancies).		
PART-TIME ASSISTANT DENTAL OFFICERS—		
Flora M. Jackson, L.D.S.	68%	23%
Dorothy Littlar, L.D.S.	50%	5%
Chesterfield Excepted District—		
A. R. Littlar, L.D.S. (Borough Senior Dental Officer)	91%	9%
(Two vacancies).		

Nursing Staff at 31/12/1952	Number of Officers.		Aggregate of time given to School Health Service work in terms of whole-time Officers.	
	Whole County (including Chesterfield)	Chesterfield Excepted District	Whole County (including Chesterfield)	Chesterfield Excepted District
School Nurses .. (15 vacancies).	53	8	17.04	3.54
Physiotherapists ..	2	—	1.40	—
Nursing Assistants	1	—	0.35	—
Dental Attendants .. (11 vacancies).	5	1	4.00	1.0

It will be seen from the foregoing Table that four Assistant School and Assistant Maternity & Child Welfare Medical Officers left the Authority's service during the year : Dr. W. Drawneek (on 30th April) ; Dr. Flora MacDonald (on 7th May) ; Dr. A. H. Campbell (on 30th August) ; and Dr. Mary Marsden (who commenced duty on 1st February and resigned on 31st October). The staff was further depleted owing to the absence from duty on account of illness for a considerable part of the year of one of the Medical Officers in the north-west of the County. The vacancies had not been filled at the end of the year, but I am pleased that at the time of writing this Report it is possible to say that one Medical Officer took up duty on 2nd March, 1953 who will work ten sessions a week, and two whole-time Medical Officers have been appointed who will take up duty on 27th April and 1st May respectively. It has also been possible to appoint a Medical Officer in accordance with the scheme under section 111 of the Local Government Act, 1933, (outlined in my last Annual Report), whereby whole-time District Medical Officers of Health are appointed who are restricted from engaging in private practice and who will also act as Assistant School and Assistant Maternity & Child Welfare Medical Officers in a part of the area for which they are responsible as District Medical Officers of Health. This Officer will commence duty on 20th April, 1953, and will devote six-elevenths of his time to the County Council's service.

References to staffing changes in connexion with the Child Guidance, Speech Therapy, and Dental Services are made in the appropriate parts of this Report.

GENERAL CONDITION OF PUPILS

The following Table shows the numbers inspected by the Medical Officers in the three prescribed age groups and the numbers found to require treatment. The latter figure is also expressed as a percentage of those examined, and for comparison purposes the last published percentages for England and Wales are also given.

Group.	Number of Pupils Inspected.	Total Individual Pupils found to Require Treatment.		
		Derbyshire.		England and Wales (1951). Percentage of Nos. inspected.
		Number.	As percentage of Column 2.	
Entrants ..	8,633	1,632	18.90	17.66
Second Age Group ..	5,476	982	17.93	18.35
Third Age Group ..	5,443	914	16.79	16.98
Totals ..	19,552	3,528	18.04	17.68

The number of pupils examined, 19,552, may be compared with figures of 24,660 last year, 27,106 in 1950 and 24,362 in 1949. The reduced number is, of course, due to the loss of medical staff to which reference has already been made. The number found to require treatment, namely 3,528, is less than that for 1951 (3,891), 1950 (4,823), or 1949 (4,590), but in view of the varying numbers examined it is necessary to compare the percentages of children found to need treatment in each year. These are as follows: 1949, 18.84%; 1950, 17.79%; 1951, 15.78%; 1952, 18.04%. It will be seen that the steady downward trend between 1949 and 1951 was reversed to some extent in the year under review. Particulars of the defects found at school medical inspections are given in the Tables at the end of this Report. There has been a general slight increase in the number of defects recorded, and as a corollary there has been a slight increase in the percentage of children found with defects which require treatment.

The "general condition" of the pupils was assessed at the routine inspections as in former years, and it will be seen from the Table set out below that the number placed in category "C, Poor," is 2.21% of those examined, which may be compared with 2.12% last year, 3.2% in 1950 and 4% in 1949. (The categories in the following Table are: "A, those of good general condition"; "B, those of normal or fair general condition"; and "C, those below the normal, or poor." More detailed information appears in the Appendix to this Report).

Classification of the General Condition of Pupils Inspected.

Divisional Executive.	A.—%	B.—%	C.—%
North-west	74.08	24.72	1.20
North-east	23.01	73.06	3.93
Mid-Derbyshire	9.05	89.62	1.33
South-east	78.79	21.11	0.10
South	48.23	51.01	0.76
Chesterfield	27.01	70.72	2.27
Whole Administrative County ..	36.37	61.42	2.21

Having regard to the foregoing figures, and to the general tenor of the remarks of the Assistant School Medical Officers (quotations from whose reports appear towards the end of this Report), it seems that the general condition of the pupils has been maintained, as the slight increase in the percentage in Category C is more than offset by the increase in Category A.

The Ministry of Education Tables which appear in the Appendix to this Report include more detailed information as regards defects found and treatment provided. It will be seen that the Tables show the treatment provided "by the Authority" and "otherwise." It may be mentioned that "otherwise" includes work done in the Authority's own clinic premises where the services of a Specialist Medical Officer are provided by the Regional Hospital Boards, e.g., at orthopaedic, ear, nose and throat, and certain eye clinics.

In Group 7 of Table IV, (other treament given), the Ministry has requested particulars of "(*a*) miscellaneous minor ailments" treated, and "(*b*) other" types of treatment given, leaving the latter to be specified by the Authority. As far as the Authority's clinics are concerned, under heading (*b*) has been shown the number of cases who received sunray treatment. Under Section 28 of the National Health Service Act, 1946, the County Council as a local health authority makes arrangements "for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons." In connection with care and after-care information is received from various sources, principally hospitals, and this has been

summarised insofar as it relates to school children and shown under five broad headings : nervous system ; heart and circulation ; respiratory system ; other medical conditions ; and surgical conditions. Information from hospitals was received principally from those in Chesterfield, Derby and Burton-on-Trent, and to a lesser degree from those in Sheffield and Nottingham. It is reasonable to suppose that the information recorded under Group 7 (*b*) is by no means a complete record of the treatment which was provided to school children under the National Health Service Act.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS.

It was foreshadowed in my last Report that the time was approaching when it would be opportune to consider what steps could be taken to protect organised groups of school children against the risk of infection by adults suffering from tuberculosis. The Joint Tuberculosis Council had already made certain recommendations to the Minister of Health, to the following effect :

(1) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children unless and until the disease is certified as arrested. A candidate for such employment should therefore not be engaged without a medical examination, including an x-ray examination of the chest.

(2) Persons whose employment brings them into close contact with groups of children should have an x-ray examination of the chest annually.

(3) If a person while thus employed is found to be suffering from respiratory tuberculosis, such employment should at once cease, and not be resumed until two consecutive medical certificates are given, the first stating that the disease is no longer active, and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained, both certificates being based on x-ray and bacteriological, as well as clinical, investigation. After resumption of employment similar investigations should be carried out at three-monthly intervals for the first year and at six-monthly intervals for the next two years.

(4) If any unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children a full investigation of the staff employed should at once be undertaken."

The Minister of Health and the Home Office, in 1950, issued circulars advising the adoption of these recommendations, and steps were taken to apply them insofar as the staffs of day nurseries, children's homes, hostels, remand homes and approved schools are concerned. The following is an interesting excerpt from the Report of the Chief Medical Officer of the Ministry of Education for the years 1948-49, which was published in 1952 :

". . . Amongst those persons whose employment brings them into close contact with organised groups of children must be included teachers—by far the largest group—residential staffs of boarding schools, attendants in nursery schools, school nurses, dentists, dental attendants, doctors, ancillary medical staff and school meals service staff—a list arranged

roughly in descending order of closeness of contact. The number of persons comprised would not be far short of 300,000, and the x-ray facilities of the regional hospital boards are insufficient to provide for the recommended examination of this number of persons without serious dislocation of the mass radiography service. The most which can be hoped for is that teachers and others employed in schools and boarding homes should be encouraged to make full use of the available facilities for mass radiography."

Following this, it was pointed out in the Report of the Chief Medical Officer for 1950-51, which appeared later in 1952, that the Minister of Education agreed on the desirability of implementing the recommendations of the Joint Tuberculosis Council. The mass radiography facilities of the regional hospital boards, it was again stated, were not sufficient to provide for the recommended periodic examination of persons in the education services numbering, nationally, nearly 300,000. On the 28th March, 1952, however, the Minister issued Circular 248 on the "Protection of School Children against Tuberculosis," and the measures to be taken appear in paragraph 4 of that Circular as follows :—

"4. The measures which authorities will find it practicable to take will to a large extent depend on the conditions of service of the individuals concerned and on the resources available locally for x-ray examination.

(i) *Examination of persons on taking up employment.*

(*a*) *Examination of teachers upon entering the profession.* The Minister proposes to require all teachers entering service for the first time as qualified or temporary teachers to undergo an x-ray test as part of their medical examination, and is making separate arrangements to this end. The first teachers for whom this test will be compulsory will be those entering the profession or leaving the Training Colleges in the summer of 1953.

(*b*) *Examination of other employees upon engagement.* Authorities will no doubt consider how far they can require members of their non-teaching staffs to undergo an x-ray test on entering their employment.

(ii) *Periodic examinations.* There are not sufficient facilities available for x-ray examinations of the chest to make it possible to give an annual test to all teachers and other adults whose work brings them into close contact with groups of school children, without diverting resources from other uses for which they are urgently needed. The Regional Hospital Boards are, however, now operating a considerable number of mass radiography units of which the majority are mobile. It should not be difficult for teachers and others concerned to take increasing advantage of this service, and authorities are strongly urged to encourage them to do so, in the interests both of themselves and of the children . . "

Paragraph 5 of the same Circular concerns the financial arrangements and reads :

"5. Where examination is carried out by a mass radiography unit of the Regional Hospital Board, no charge will be made. Where, however, arrangements are made for individual examinations at hospitals or chest clinics, charges may be payable. The Council have power to pay these in their capacity as Local Health Authority and expenditure will rank for Exchequer grant from the Minister of Health as expenditure in connection with the prevention of tuberculosis under Section 28 of the National Health Service Act, 1946."

The implications of the Circular were carefully considered by the Education Committee and the County Health Committee.

In accordance with the advice of the Ministry, in future teachers entering the profession will be x-rayed. The Education Committee considered which members of their non-teaching staffs should be required to undergo an x-ray test on entering their employment, and it was decided to include the following full-time staffs : residential staffs of boarding schools and homes ; staffs of nursery schools ; clerical assistants ; welfare supervisors ; laboratory assistants ; caretakers ; school meals staff.

As regards periodic x-ray examinations, at the end of the year under review this question stood referred to the Teachers' Advisory Committee, and consideration of the periodic examination of the other full-time staff was deferred until the recommendations of the Teachers' Advisory Committee were received.

Concerning paragraph 5 of the Circular, quoted above, the County Health Committee authorised individual x-ray examinations being carried out when necessary and agreed to meet the charges.

Circular 248 also points out that the Minister's requirements regarding the suspension of teachers from employment in certain circumstances have been modified to bring them into line with recommendation number 3 of the Joint Tuberculosis Council, which has been quoted above. The Minister urges Authorities to apply this recommendation "so far as practicable and appropriate to all other employees whose work in the education service brings them into close contact with children." This matter was to be considered more fully at the same time as the question of the periodic x-ray examination of teachers and full-time non-teaching staff to which reference has already been made.

It is also suggested in Circular 248 (following the lines of paragraph 4 of the recommendations of the Joint Tuberculosis Council) that "whenever there has been unusual incidence of tuberculosis in a school, the authority should ask the local health authority to make a full investigation." The County Health Committee, in considering this point, agreed to meet reasonable expenditure on the provision of transport for conveying children for x-ray examinations. Inquiries of this nature are, of course, greatly facilitated by the fact that the County School Medical Officer is also County Medical Officer of Health, and the Chest Physicians—who are most co-operative and whose advice and services are so valuable on these occasions—are employed jointly by Regional Hospital Boards and the Local Health Authority. It will be apparent also that the successful prosecution of these inquiries depends on the co-operation of many people—parents, teachers, chest physicians, district medical officers of health, health visitors, and the staffs of the education and health departments, as well as the mass radiography service.

Mass Miniature Radiography.

The mass radiography service, which is organised by the Regional Hospital Boards under the National Health Service Act, 1946, enables large numbers of people to have their chests x-rayed expeditiously at convenient centres. It is a valuable aid to preventive medicine, aimed particularly at the early detection of cases of pulmonary tuberculosis, though other conditions may, of course, be discovered as a result of the investigations. The Ministry of Health regards the use of mass miniature radiography for school children generally as wasteful of a service which might be more profitably directed to the examination of school leavers, young persons and adults. In fact, the Medical Director of one of the mobile Units which operates in this County has stated that it is not considered profitable for examinations to be made of school children, except those of fourteen years of age and upwards, because the number of cases found with defects is so very small. If, however, there are special reasons for surveying all the children in any particular district or school then, of course, every endeavour is made to arrange for the necessary examinations to be carried out. School children have, in fact, been included in surveys in various parts of the County during the year under review. When school children are invited to visit the x-ray Units, teachers are, of course, also offered the service and many avail themselves of the opportunity of being x-rayed.

I am indebted to Dr. W. Guthrie, the Medical Director of the Nottingham Area No.2 Mass Radiography Unit, for providing statistical reports on five surveys carried out by the Unit in Derbyshire during 1952, and to Dr. W. J. Wilson, the Medical Director of the Sheffield Area Mass Radiography Unit, for statistics relating to a survey carried out by that Unit in this County during the year. Altogether, 3,362 scholars were x-rayed in the course of these surveys. In forty-nine instances it was felt desirable to arrange for large films to be taken. Of these cases, sixteen were subsequently referred for a clinical examination, as a result of which eleven were placed under observation suffering from primary tuberculosis, and one with inactive primary tuberculosis.

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS.

On 28th March, 1952, the Minister of Education issued Circular 249 on the "Medical Examination of Entrants to Courses of Training for Teaching and to the Teaching Profession." Under the arrangements laid down, the services of the staff of the School Health Service are invoked in connexion with the medical examination of prospective teachers. Candidates applying for entry to training colleges, university departments of education, and approved art schools, are required to submit to a medical examination in order to determine their fitness to follow courses of teacher training and all such applicants who are school pupils will be examined by the school medical officer of the area in which they live—this has the advantage that he will have been concerned with, or have access to, the records of the candidates' medical examinations at school. Applicants for admission after national service, or after a university or other course not taken under the Training of Teachers Regulations, or mature entrants who have had no recent connexion with the school health service, will be examined by the school medical officer of the area in which the candidate is resident. This will in many cases be the area in which the candidate attended school.

Intending entrants to the teaching profession on completion of an approved course of training will, as hitherto, be examined by the college medical officer. Other entrants to the service are to be examined by the school medical officer of the appointing local education authority. As already intimated, in the section of this Report which deals with the protection of children against tuberculosis, the Minister will, from 1st April, 1953, require an x-ray examination of the chest to be included as an essential part of the medical examination on entry to the teaching profession. The Minister has pointed out in the Circular that it is not practicable at present in view of the lack of facilities to require an x-ray examination of the chest in the case of all entrants to courses of training (though, of course, this special examination will be arranged if in the opinion of the examining medical officer it is desirable). The Derbyshire Education Authority administers one teachers' training college, and arrangements will be made for students completing training there to be x-rayed and the results made available to the college medical officer. Similarly, teachers appointed by the Authority who are entering service for the first time as qualified or temporary teachers will be x-rayed as part of their medical examination.

During the year under review the following examinations were carried out by the Authority's medical staff under the above-mentioned arrangements :—

Entrants to training colleges, university departments of education, and approved art schools	147
Entrants to the teaching profession	11

SANITARY INSPECTIONS IN SCHOOLS.

It is customary for Assistant School Medical Officers on completing routine school medical inspections to submit to the County School Medical Officer a statistical return concerning the examinations of the children, as well as a report on the school premises. The latter includes brief notes on cleanliness, heating, lighting, ventilation, water supply, washing arrangements, cloakroom facilities, sanitary arrangements and the playground. Matters which appear to require attention or investigation are brought to the notice of the Director of Education.

In addition, the services of the County Sanitary Inspector are utilised to inspect in particular the sanitary arrangements at schools and the hygiene arrangements in school canteens. These visits are 'advisory' in nature; the County Sanitary Inspector gives advice on small points directly to the teachers, but more important matters are reported to the County School Medical Officer, to whom, in any case, a report is submitted after each inspection. This is considered, and forwarded to the Director of Education together with any necessary observations. During the year, the County Sanitary Inspector accordingly carried out inspections at schools and canteens and reported on a number of sanitary defects, as well as advising teachers on routine sanitary matters. The need for economy in money and materials prohibits the general modernisation of sanitary fittings, but as a result of these inspections it is frequently found that, without incurring great expense, existing methods can be improved, particularly in the rural schools. The quality of the water supply is also investigated, and if necessary improvements are recommended. Special attention is paid in this connexion to the rural schools.

PROVISION OF MEALS, AND THE MILK-IN-SCHOOLS SCHEME.

Tables A and B give statistics relating to the numbers of meals and quantities of milk provided.

TABLE A.

Meals.

Divisional Executive.	Return for One Day in	Number of Children Present.		Meals Provided Free.		Meals Provided for Full or Part Payment.		Totals.		%	
		Primary.	Sec.	Primary.	Sec.	Primary.	Sec.	Primary.	Sec.	Primary.	Sec.
North-west ..	February ..	7,582	3,243	602	322	3,765	2,145	4,367	2,467	57.60	76.07
	June	8,269	3,146	655	285	3,983	2,028	4,638	2,313	56.09	73.52
	October ..	8,201	3,567	595	427	4,106	2,234	4,701	2,661	53.72	74.60
North-east ..	February ..	18,881	5,394	1,351	492	8,402	3,025	9,753	3,517	51.66	65.20
	June	19,824	5,088	1,335	440	8,441	2,690	9,776	3,130	49.41	61.52
	October ..	20,381	5,972	1,166	457	9,173	3,303	10,339	3,760	50.73	62.96
Mid-Derbyshire..	February ..	11,203	2,790	672	149	3,876	1,556	4,548	1,705	40.60	61.11
	June	12,034	2,693	686	146	3,848	1,482	4,534	1,628	37.68	60.45
	October ..	11,855	3,259	584	167	4,020	1,909	4,604	2,076	38.84	63.70
South-east ..	February ..	12,077	3,432	489	98	3,314	1,358	3,803	1,456	31.49	42.42
	June	12,563	3,343	513	96	3,318	1,220	3,831	1,316	30.49	39.37
	October ..	12,765	3,703	485	105	3,701	1,479	4,186	1,584	32.79	42.78
South	February ..	11,353	3,267	521	201	4,700	1,759	5,221	1,960	45.99	59.99
	June	12,855	3,178	582	190	5,139	1,667	5,721	1,857	44.50	58.43
	October ..	12,784	3,863	447	206	5,460	2,130	5,907	2,336	46.13	60.47
Chesterfield ..	February ..	6,557	4,126	495	392	2,017	1,779	2,512	2,171	38.31	52.62
	June	7,020	3,910	497	333	2,035	1,634	2,532	1,967	36.07	50.31
	October ..	6,844	4,496	409	340	2,270	2,127	2,679	2,467	39.14	54.87
TOTALS— Whole Administrative County	February ..	67,653	22,252	4,130	1,654	26,074	11,622	30,204	13,276	44.64	59.66
	June	72,565	21,358	4,268	1,490	26,764	10,721	31,032	12,211	42.76	57.13
	October ..	72,830	24,860	3,686	1,702	28,730	13,182	32,416	14,884	44.51	59.87

TABLE B.

Milk-in-Schools Scheme.

Divisional Executive.	Return for One Day in	Number of Children Present.		Number of Children taking Milk.		%	
		Primary.	Secondary.	Primary.	Secondary.	Primary.	Secondary.
North-west	February	7,582	3,243	6,802	2,271	89.71	70.03
	June..	8,269	3,146	7,122	2,214	86.13	70.37
	October	8,201	3,567	6,993	2,464	85.27	69.08
North-east	February	18,881	5,394	17,108	3,838	90.61	71.15
	June..	19,824	5,088	18,099	3,805	91.30	74.78
	October	20,381	5,972	18,497	4,313	90.76	72.22
Mid-Derbyshire ..	February	11,203	2,790	9,688	1,738	86.48	62.30
	June..	12,034	2,693	10,514	1,739	87.37	64.58
	October	11,855	3,259	10,338	2,141	87.20	65.69
South-east	February	12,077	3,432	10,284	1,650	85.15	48.08
	June..	12,563	3,343	11,126	1,767	88.56	52.86
	October	12,765	3,703	11,348	2,038	88.90	55.04
South	February	11,353	3,267	9,695	2,179	85.40	66.70
	June..	12,855	3,178	11,067	2,080	86.09	65.45
	October	12,784	3,863	11,027	2,560	86.26	66.30
Chesterfield	February	6,557	4,126	5,605	2,358	85.48	57.15
	June..	7,020	3,910	6,090	2,427	86.75	62.07
	October	6,844	4,496	6,105	2,866	89.20	63.74
TOTALS— Whole Administrative County	February	67,653	22,252	59,182	14,034	87.47	63.07
	June..	72,565	21,358	64,018	14,032	88.22	65.70
	October	72,830	24,860	64,308	16,382	88.30	65.90

The following Table shows the actual numbers and the percentage of children partaking of meals, on a day in October, during the past seven years :—

MEALS.

Year.	Number of Meals Provided.		%	
	Primary.	Secondary.	Primary.	Secondary.
1946 ..	26,006	12,246	43.8	65.9
1947 ..	29,149	13,514	47.9	67.6
1948 ..	30,901	14,452	49.2	66.4
1949 ..	31,528	14,770	48.7	65.3
1950 ..	29,306	14,297	44.3	60.4
1951 ..	29,768	14,444	42.98	58.8
1952 ..	32,416	14,884	44.51	59.87

It will be seen that the percentage of children taking meals at school has increased slightly above the figure for 1951, which was the lowest for the preceding six years.

Precautions against food infections.

The arrangement has been continued under which the form of application completed by candidates for posts in the School Meals Service of the Authority includes the following questions :—

"(1) Have you ever had :—

(*a*) Consumption, Tuberculosis, or Chest Disease ?
(*b*) Typhoid, Paratyphoid, Dysentery or Diarrhoea ?
(*c*) Dermatitis ?"

If the answers are not satisfactory a visit is made by an Assistant Medical Officer and the applicant is closely questioned and, if necessary, and with her permission, medically examined. Further, applicants agree in writing to report all intestinal complaints to the Head Teacher and on receipt of such information a decision is taken as to whether an investigation is necessary by a Medical Officer on the Authority's staff.

As in previous years, the Director of Education arranged School Meals Conferences, during which a section is devoted to food handling and personal hygiene. These Conferences were held at Alfreton (two days) and Bakewell (two days). The syllabus included lectures on "Food Inspection" and "Kitchen and Personal Hygiene" by Dr. W. Davidson-Lamb (the Chief Assistant School Medical Officer) and Mr. E. G. Rowley (the County Sanitary Inspector) together with exhibits, a display on "Food Poisoning," the film "*Another Case of Food Poisoning*," etc.

Educational courses for canteen staffs, at Littleover Secondary School Canteen, were continued during 1952, and at the Director of Education's request each included a lecture by the County Sanitary Inspector. With the assistance of exhibits and the film already mentioned, the personnel attending these courses are being taught the principles of clean food handling, preparation and storage, as well as the vital importance of personal hygiene.

One minor outbreak of food poisoning was investigated during the year, the cause being attributed to some re-heated meat. The Chief Medical Officer of the Ministry of Health in his report for the year 1950 stated that nearly half the outbreaks of food poisoning, where the food responsible for the spread of infection was known, were associated with processed, made-up, or re-heated meat dishes. The Chief Medical Officer then goes on to say :—

> "Prevention of food poisoning spread by food of this kind is not primarily a bacteriological problem, but depends on the standard of personal and kitchen hygiene and on the methods used for preparing food in large quantities. If all meat dishes were cooked shortly before they were to be eaten, and if they were eaten while still hot, the incidence of food poisoning would show an immediate and substantial decline. Not only would there be less risk of food poisoning but meals would be of superior flavour and palatibility. Slow cooling and inadequate re-heating of food prepared in large quantities allow harmful bacteria to multiply, and such methods are never devoid of risk. If it is impossible for caterers to prepare food for large numbers of people immediately before it is served, then the food should be divided into small portions as soon as it is cooked and cooled rapidly in special apparatus. When cool it must be kept in a refrigerator at 4°C. until required. If it is to be re-heated, re-heating must be rapid and the food brought to boiling point immediately before it is served."

Early notification of illness and, if possible, retention of suspected food for examination, is of great assistance to this Department in tracking down the causes of food poisoning.

Detergents.

In 1950 the Director of Education asked for some advice on suitable soap substitutes for the school canteens. As a result of this request a selection of detergent products from several manufacturers was made and in July of 1952 tests which had been carried out since the end of 1950 were completed on eight proprietory dish-washing compounds.

The tests consisted of a trial of the various preparations under ordinary working conditions in the kitchen of the Allenton County Primary School. At the same time, bacteriological examinations of "washing up water" were carried out at regular intervals in the County Laboratory, St. Mary's Gate, Derby.

These examinations consisted of "plate counts" of the number of organisms found in different quantities of water, together with tests for Bacillus Coli cultured in various dilutions at 44°C. When cultured at this temperature, bacillus coli, while not in itself a germ of disease in the intestine, is an excellent "tracer organism" used to detect contamination of animal or human origin.

Throughout the tests particular attention was also paid to any undesirable effect of the substance under trial on the hands of the kitchen workers. This is essential, as while a detergent may perform its functions admirably, its limitations are obvious if it causes soreness or possibly dermatitis of the hands of the staff.

To summarise the results, four detergents were rejected because of complaints that the hands or nails of the Kitchen staff had been affected adversely. Two further substances had a limited bactericidal effect, which left two for final consideration. One of these, an inorganic dish washing preparation, was finally chosen because it had rather better results against bacillus coli than the other, and it was cheaper. There had, of course, been no complaints about it from the kitchen staff. It was recommended therefore that this product should be given a wide scale trial for a longer period with a view to its adoption throughout the school meals service.

It should be pointed out, however, that new detergents were still coming on the market when the tests were being carried out and it was felt that the final word had not been said on this subject.

The following Table indicates the actual numbers and the percentage of children receiving free milk, on a day in October, in each year since the free milk scheme started in August, 1946.

MILK.

Year.	Number of Children taking Milk.		%	
	Primary.	Secondary.	Primary.	Secondary.
1946 ..	56,234	16,600	94.8	89.3
1947 ..	55,169	15,806	90.8	79.1
1948 ..	57,671	17,199	91.9	79.1
1949 ..	58,858	16,471	90.9	72.8
1950 ..	58,434	16,328	88.3	69.0
1951 ..	60,473	15,909	87.3	64.8
1952 ..	64,308	16,382	88.3	65.9

It was pointed out in my last Annual Report that the numbers of children (expressed as a percentage of those present) partaking of milk under the Milk-in-Schools Scheme had steadily declined since 1946, but it is pleasing to see that there was a slight reversal of this trend in 1952. I suggested to the Director of Education last year that a survey be made in the schools to try to elicit the factors which were operating. The Director has kindly provided me with the results of his survey over a representative number of schools and the following reasons for the decline were suggested by the Heads of the twenty schools who were approached :—

(1) More milk is now available at home, so less is needed at school ;

(2) Ice-cream is a growing counter-attraction ;

(3) Children having once had milk which tastes sour do not have it again ;

(4) There is more variety in the food available now, and less milk is, therefore, taken ;

(5) Inducing children to drink milk causes a decline ;

(6) When milk first became free almost all children drank it ; but likes and dislikes are now re-asserting themselves ;

(7) The knowledge that milk is now unrationed has had a psychological effect ;

(8) There is an increasing lack of appreciation because no charge is made for the milk ;

(9) Mid-morning milk spoils the appetite for lunch ;

(10) Time spent drinking milk is playtime lost ;

(11) Children think the milk is too cold in the winter, and, quite wrongly, sour in the summer ;

(12) Some children just do not like milk ;

(13) Some children are not allowed to drink milk, either on Doctor's or parents' orders.

There is no doubt, however, that the provision of meals and milk in school makes a most valuable contribution towards the attainment of a satisfactory state of nutrition in the great majority of children.

Source and Quality of Supply of Milk under the Milk-in-Schools Scheme.

It has been the view of the Education Committee that wherever possible milk supplied to schools under the milk-in-schools scheme should be pasteurised. Accordingly, a continuous effort is made to obtain the highest grades of milk, and the position in the various Divisions of the County on 31st December, 1952, is shown in the following Table. It is gratifying to note that the percentage of schools supplied with pasteurised milk has increased from 75.2 in 1947 to 92.3 in the year under review.

TABLE C.

Type of Milk.	Divisonal Executive.												Totals—Whole Administrative County.	
	North-west.		North-east.		Mid-Derbyshire.		South-east.		South.		Chesterfield.			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Pasteurised	77	81.1	141	99.3	92	97.8	76	100.0	86	80.4	35	100.0	507	92.3
Tuberculin Tested..	13	13.7	1	0.7	1	1.1	—	—	14	13.1	—	—	29	5.3
Accredited	2	2.1	—	—	1	1.1	—	—	3	2.8	—	—	6	1.1
Ungraded	2	2.1	—	—	—	—	—	—	1	0.9	—	—	3	0.6
Full Cream Dried ..	1	1.0	—	—	—	—	—	—	3	2.8	—	—	4	0.7
Totals ..	95	100.0	142	100.0	94	100.0	76	100.0	107	100.0	35	100.0	549	100.

Sampling of school milk supplied was carried out at the schools by Mr. Rowley, the County Sanitary Inspector. All pasteurised milks are subjected to the phosphatase test (for efficiency of pasteurisation), and all milks to the biological test for tubercle bacilli. Pasteurised milks are, of course, not tested so frequently as raw milks for tubercle bacilli, but each source of supply is tested at least once a year by biological methods. In addition, any failure to pass the phosphatase test is followed up by biological tests for tubercle bacilli. The following are the results of samples submitted for examination :—

Grade.	Phosphatase		Tubercle Bacilli		Total No. of samples submitted.
	Satisfactory	Unsatisfactory	Negative	Positive	
Pasteurised ..	115	5	47	—	120
Tuberculin Tested ..	—	—	32	—	32
Accredited ..	—	—	22	1	23
Ungraded ..	—	—	4	—	4

The percentage of positive tubercle bacilli samples of the total number of raw milks examined was 1.7%.

The supply showing evidence of tubercle bacilli was from an Accredited producer and occurred at the end of the year. Approval to this source of supply was immediately withdrawn.

INFESTATION WITH VERMIN.

Table III in the Appendix to this Report gives particulars of the number of pupils examined by the School Nurses and of those found to have nits or head lice. The total number of examinations and re-examinations was 236,690, which may be compared with 180,774 in 1947; 198,946 in 1948; 188,245 in 1949; 214,550 in 1950; and 214,848 last year. The number found infested in 1952 was 3,943, which gives an incidence of roughly 3.9% of the school enrolment, and is the same as the incidence in 1951. The figures for earlier years were 4.8% in 1950; 4.5% in 1949; and 6% in both 1948 and 1947. The figure for England & Wales in 1951 was 6%.

Health Visitors and Assistant School Medical Officers have been informed that pupils attending all schools maintained by the Education Authority should be periodically examined for uncleanliness, and in particular Health Visitors have been asked to inspect every school in their areas at least once a term, and so far as possible at the commencement of the term. This is sometimes not possible owing to shortage of staff, but arrangements are made in the event of an area being without a regular Health Visitor for a Health Visitor from an adjacent area to carry out at least one cleanliness inspection during each year.

Under Section 54 of the Education Act, 1944, children may be excluded from school on grounds of uncleanliness and the parent served with a notice requiring him to "cause the person and clothing of the pupil to be cleansed." If, on re-examination of the child, it is found that the cleansing has not been carried out, a "Cleansing Order" may be made, and the Authority may then cleanse the child under their own arrangements. If at a subsequent date a child who has been cleansed in this manner becomes re-infested the parent may be prosecuted at the discretion of the Authority. It should be pointed out that there is no penalty prescribed in the Act against a parent who resists or obstructs the examination of a child or the execution of a Cleansing Order. In such cases it is necessary for the Medical Officer to direct that the child be excluded from school and for the Authority then to prosecute the parent for the child's non-attendance. The fact that the child has been excluded is not a defence if the exclusion was necessitated by the wilful default of the parent. It will be seen that there are difficulties in using legal powers in these cases to enforce cleanliness and it is felt that a continued "informal" approach to the parents by the Health Visitors is more likely to be successful. In such cases an informal "Private Notice" is issued to the parent drawing attention to the condition of the child's head, and giving simple directions for cleansing. The notice contains no warning of the possibility of cleansing by the Authority. A second informal "Notice" may be given similar to the former, but stating in addition that the child has been excluded from school. If these efforts are without avail, a "Cleansing Notice" is issued, stating that unless the child is cleansed to the satisfaction of an authorised officer of the Authority the necessary cleansing will be carried out under the Authority's arrangements. Health Visitors have been instructed that Cleansing Notices should be served only after "informal" action has failed and that with the introduction of the new insecticides (such as D.D.T. emulsion) the issue of a Cleansing Order

should be rarely required. The advantages of D.D.T. emulsion are considerable, in that it may be applied and twenty-four hours later the hair may be washed, leaving no objectionable odour or greasiness. Further, the lethal action of the insecticide persists for several days, and this effect lasts long enough to deal with any nits which hatch out during the incubation period, which is about one week. It should be realised, however, that, as mentioned in the Ministry of Health's Circular 230A/Med., and further emphasised in a Report of the Chief Medical Officer to the Ministry of Education, although inspections and cleansing can do much for the individual, they cannot eradicate the root cause of the trouble, namely, the reservoir of infestation provided by an unsatisfactory home where the verminous condition of other members of the household is not subject to inspection.

SCHOOL CLINICS.

The Ministry of Education asked for a return showing the school clinic facilities as at 31st December, 1952, and a copy of the information given appears below. In subsequent pages of this Report more detailed information is provided.

I. NUMBER OF SCHOOL CLINICS (*i.e.*, premises at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics 29

II. TYPE OF EXAMINATION AND/OR TREATMENT provided, at the school clinics returned above, either directly by the Authority or under arrangements with the Regional Hospital Board, for examination and/or treatment to be carried out at the clinic.

Examination and/or Treatment. (1)	Number of School Clinics (*i.e.*, premises) where such treatment is provided—	
	Directly by the Authority. (2)	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals. (3)
A. Minor Ailment and other non-specialist examination or treatment	24	—
B. Dental	22	—
C. Ophthalmic*	3	17
D. Ear, Nose and Throat ..	—	1
E. Orthopaedic	—	17
F. Paediatric†	—	—
G. Speech Therapy	5	—
H. Others (specify) :— Sunray ..	2	—

*—Arrangements made with the Supplementary Ophthalmic Service are returned in column (2) and those made with the Hospital and Specialist Service in column (3).

†—Clinics for children referred to a specialist in children's diseases.

III. CHILD GUIDANCE CENTRES.

(1) Number of Child Guidance Centres provided by the Authority—12.

(2) Staff of Centres :—

	Number.	Aggregate in terms of the equivalent number of whole-time officers.
Psychiatrists	—	—
Educational Psychologists ..	4	1.81
Psychiatric Social Workers ..	—	—
Paediatricians, Play Therapists, Social Workers, Clerks, etc. (specify) :—		
Clerks	2	1.9
Untrained Attendant	1	0.9

State whether the Psychiatrists are directly employed by the Authority or whether their services are made available by arrangement with the Regional Hospital Board or Board of Governors of a Teaching Hospital :—

At the end of 1952 the Authority's establishment permitted the employment of two Child Psychiatrists. Apart from a short period in 1949 however, it has not been possible to appoint more than one such Officer at a time. Dr. Iliff, the Child Psychiatrist last employed, left the Authority's service at the end of February, 1952, and a successor has not yet been appointed. Discussions on this matter are, however, taking place between the Authority and the Sheffield Regional Hospital Board.

In the meantime, temporary arrangements have been made whereby Dr. Pentreath, the Medical Superintendent of the Pastures Hospital, Mickleover, and certain Psychiatrists on his staff, assist the Authority by undertaking a restricted number of child guidance cases and the examination of cases referred from juvenile courts and remand homes. This work may be carried out at clinics held in County Council premises or at clinics provided by the Board.

(3) If the provision under (1) is supplemented by arrangements made with Child Guidance Clinics provided by the Regional Hospital Board or by the Board of Governors of a Teaching Hospital, particulars should be given :—

See (2) above.

Minor Ailments.

The number of individual children treated was 2,912, and the total attendances made was 12,360. These figures are slightly higher than last year's, which were 2,670 and 9,895 respectively. In 1948, however, 4,968 children were treated, and they made 17,899 attendances. It will be seen from Table D, on page 36, that in the case of many clinics the attendances are extremely small, and in some instances no minor ailments were treated, the exceptions in the main being the clinics situated in the four Municipal Boroughs. It seems probable that to some extent the decrease in the numbers is due to the provision of free medical treatment from patients' own Doctors under the National Health Service, but a contributing factor is that owing to shortage of medical staff it was not possible to arrange for a doctor to attend all the clinics as regularly as hitherto. The smaller numbers may also, of course, in part reflect an actual decrease in the number of minor ailments requiring treatment. The majority of the sessions held on Mondays to Fridays are "short" sessions conducted by Health Visitors who are visiting the clinics in any case for other purposes (e.g., to attend Infant Welfare Centres). The sessions held on Saturday mornings occupy the whole morning and are usually conducted by Medical Officers. The work is not limited to the treatment of minor ailments, but extends also to the examination of special cases discovered at routine school medical inspections. It will be appreciated that occasionally, due to the pressure of work at such inspections, there is not the time available for elaborate examinations. Other duties may also be performed, such as diphtheria immunisation, the examination of children desiring to undertake employment, and so on.

Dental Work.

Table V, in the Appendix to this Report, indicates the work carried out, in the form required by the Ministry of Education.

Mr. Gray, the Chief Dental Officer, has reported on the dental work as follows :—

"No improvement in the School Dental Service took place in 1952. The breakdown of the previous three years continued. At the end of the year the depleted staff consisted of three whole-time and two part-time officers, or approximately 13% of the required establishment.

In August the services of a whole-time officer were lost by the sudden death of Dr. Schatzberg. Dr. Schatzberg had been a member of the staff for over ten years. Held in high esteem and respect, he was well liked by his colleagues and patients by reason of his courteous and gentle nature. A man who had suffered persecution and the rigours of the concentration camp, he came to this country and threw himself wholeheartedly into the service of youth and was soon recognised as a very conscientious and skilful school dental officer. In the last three years of his life, while a sick man, he did not spare himself in the endeavour to keep the dental service going and did more than

TABLE D.

Annual Return of work carried out at Minor Ailment Clinics—Year ended 31st December, 1952.

Minor Ailment Clinic.	When Held.	Actual Number of Clinic Sessions.	Children Attending Maintained Schools.													
			Number of Individual Children who attended during the year.							Total Number of Attendances during the year.						
			Divisional Executive.							Divisional Executive.						
			North-west.	North-east.	Mid-Derbyshire.	South-east	South.	Chesterfield.	Total.	North-west.	North-east.	Mid-Derbyshire.	South-east	South.	Chesterfield.	Total.
Alfreton. Grange Street ..	Tuesday and Saturday, a.m. ..	153	–	9	62	–	–	–	71	–	10	118	–	–	–	128
*Ashbourne. St. Oswald's ..	2nd and 4th Saturday, a.m. ..	6	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Belper. Field Lane ..	2nd and 4th Monday and 1st, 3rd and 5th Saturday, a.m.	50	–	–	4	–	–	–	4	–	–	4	–	–	–	4
Bolsover. Welbeck Road ..	2nd Saturday, a.m.	14	–	1	–	–	–	–	1	–	1	–	–	–	–	1
Buxton. Bridge Street ..	Daily	218	292	–	–	–	–	–	292	527	–	–	–	–	–	527
Chesterfield. Brimington Road	2nd and 4th Friday, a.m. ..	23	–	2	–	–	–	–	2	–	2	–	–	–	–	2
Chesterfield Excepted District :— (*a*) Town Hall .. (*b*) Edmund Street, Newbold Moor	Daily, a.m. Daily, p.m.	418	–	–	–	–	–	1173	1,173	–	–	–	–	–	5470	5,470
Chinley. Lower Lane ..	2nd and 4th Saturday, a.m. ..	25	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Dronfield. The Grange ..	Monday, a.m. ..	49	–	124	–	–	–	–	124	–	192	–	–	–	–	192
Frecheville. Fox Lane ..	Saturday, a.m. ..	44	–	57	–	–	–	–	57	–	90	–	–	–	–	90
Glossop. Municipal Bldgs.	Monday to Saturday, a.m. ..	289	328	–	–	–	–	–	328	2234	–	–	–	–	–	2,234
Heanor. Wilmot Street	1st, 3rd and 5th Saturday, a.m. ..	20	–	–	–	36	–	–	36	–	–	–	36	–	–	36
Ilkeston. Albert Street ..	Daily, a.m. ..	287	–	–	–	390	–	–	390	–	–	–	2532	–	–	2,532
Long Eaton. 4, Nottingham Rd.	Wednesday and 2nd and 4th Saturday, a.m.	110	–	–	–	141	–	–	141	–	–	–	157	–	–	157
Matlock. Causeway Lane ..	4th Monday, a.m.	12	–	–	6	–	–	–	6	–	–	6	–	–	–	6
Melbourne. Penn Lane ..	Wednesday, a.m.	51	–	–	–	–	22	–	22	–	–	–	–	124	–	124
New Mills. High Lea Hall ..	1st, 3rd and 5th Saturday, a.m. ..	28	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ripley. Infants' C. School	3rd Thursday, a.m.	12	–	–	8	–	–	–	8	–	–	8	–	–	–	8
Shirebrook. Cliff House ..	Wednesday, a.m. ..	52	–	87	–	–	–	–	87	–	347	–	–	–	–	347
Staveley. Lime Avenue ..	4th Saturday, a.m.	14	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Swadlincote. Alexandra Road ..	Monday and Friday, a.m. ..	82	–	–	–	–	43	–	43	–	–	–	–	141	–	141
Totals	.. .. ..	2,014	620	396	80	567	76	1173	2,912	2761	981	136	2725	287	5470	12,360

* Temporarily Closed from May, 1952.

was reasonably expected. He was highly worthy of the country of his adoption.

A more hopeful outlook for the future occurred in November, when the National Whitley Council salary scale was implemented, bringing the County into line with other Local Authorities, and thus able to compete for staff on similar terms. It is hoped that the deterioration of the service has reached its lowest point and that from now onwards there will be a steady improvement.

The policy of gradually modernising the equipment of the clinics, to ensure the maximum working efficiency, was continued. Four electric dental drills and two electric sterilisers were installed.

As in the previous years, the staff was spread over as many areas as possible. Of the twenty-two clinical centres, eleven were worked part-time on two to twelve days per month and one full time. This skeleton service meant that the majority of the patients were casuals and the treatment given only of a palliative nature. Wholesale removal of carious teeth was the chief item of treatment. This is the exact opposite of the aim and purpose of the school dental service, which is the preservation of the teeth and the prevention of ill health caused by decayed and septic teeth. Twenty years ago, this important point was emphasised in the Annual Report of the Chief Medical Officer of the Board of Education on the Health of the School Child, as follows :

> ". . . the purpose of school dentistry is not to provide a scheme of extraction for 'a never ending stream of casuals, so large that the dental officers would be employed whole-time alleviating the sufferings of youth and profiting them nothing in the greater and more far-reaching problem of good health resulting from a sound dentition.' It is an *educational* scheme of conservative dentistry, and that alone is its justification."

Unfortunately the dental service is unable even to attempt to achieve this ideal.

The school population is now in the region of 106,000. During the year about one-tenth of the pupils received a dental examination at the periodical school inspection. Of 11,519 examined, 8,144 were found to be in need of treatment, but the opportunity of receiving it was only given to 6,131. This was in accordance with the policy of treating those permanent dentitions which would most likely derive lasting benefit from conservative measures and giving palliative treatment to the worst of the others. The impossibility of giving regular inspections to the same children and ensuring the essential continuity of treatment imposes the condition that many who would be greatly benefited must be wilfully neglected.

In addition to the periodical school inspections, special inspections were made at the clinics of children who attended as casuals or as the result of requested appointments for the relief of pain, or, in some instances, for advice. These special inspections numbered 7,243 ; 7,061 required treatment and 6,932 were given the opportunity to receive it. 58% of the clinical time was taken up dealing with these

school children and time only permitted the great majority to receive such treatment as to tide them over for the time being. This very high rate of interference with the routine clinical work jumps to 66% when 1,316 casual attendances made by pre-school children are taken into consideration.

The actual number of children treated was 11,359. They made a total of 16,409 attendances. Of all those dealt with, less than half received treatment as the result of the periodic school inspection and it was amongst this group that most of the very meagre conservative treatment was done. Only one in four was classified as dentally fit after receiving attention. Pressure of numbers did not permit comprehensive treatment to those others who required it.

Approximately one-third of the children required multiple extraction, and wherever possible this was done under general anaesthetics of nitrous oxide and oxygen, of which over 4,500 were given. Special general anaesthetics sessions were held two or three times per month at each of the clinics in service. A member of the medical staff attended these sessions and examined the patients immediately prior to administering the anaesthetics. The apparatus used is chiefly of the portable type so that one serves a number of clinics in a given area. Many cases had to remain on the waiting lists for several weeks before receiving treatment under general anaesthetics, due to the large number of requests for treatment.

Local anaesthetics were widely used and a great many urgent cases of acute sepsis (where local anaesthesia by injection was contra-indicated and a general anaesthetic was not available) were relieved by having the extraction performed under the freezing and numbing action of ethyl chloride. If multiple extractions were still required, this was arranged to be done under a general anaesthetic as soon as circumstances permitted.

Many of the extractions of permanent molar teeth were very difficult and constituted no small ordeal to those particular patients. These difficult cases have increased markedly in the last two years and are the result of long neglect. The majority of the children in the County have not had a dental examination for five years or more and in a great many instances the parents are not aware that severe dental defects are present until they are signalled by pain. It is then too late to give treatment of a nature which will greatly benefit the child. The pain is relieved by removal of the diseased teeth, the loss of which impairs the function of mastication, which in turn often leads to stomach troubles, and in the case of premature loss of the temporary dentitions this very often interferes with the eruption of the permanent teeth, causing them to take up crooked positions and the need later for expensive and time-consuming orthodontic treatment, all of which can be prevented.

The neglect of the present generation of school children will place a steady demand, at no distant date, on the general health service for the wholesale supply of dentures. How great this demand will eventually become may be gathered from a study of the findings

of school dental inspections made in 1947, of children thirteen years of age and over, attending the county schools. At that time, when the dental staff was just about 50% of the number required to deal effectively with the school population, 74% of the children in the above age groups had defects requiring attention. Since then, the breakdown of the service can only have permitted a great increase in that already high percentage, with incipient defects becoming gross, and radical treatment the only alternative when conditions become such that advice is sought.

Approximately 3,000 other operations of a minor character were carried out. These were chiefly the applications of silver nitrate to early caries in the temporary teeth.

X-ray examinations, where indicated, were made at the Derbyshire Royal Infirmary and the Chesterfield Royal Hospital.

The amount of orthodontic treatment (the correction of irregularities of the teeth and jaws) was half of that carried out in 1951. It was only undertaken in those cases where the parents pressed for something to be done for a deformity. This specialised treatment is lengthy and requires much detailed attention. Little time could be devoted to it in view of the heavy demands made by the urgent cases of pain and sepsis. Before undertaking orthodontic treatment, a number of points required careful consideration, such as parental interest, suitability of the patient, oral hygiene, and the soundness or otherwise of the permanent dentition. Extensive conservative treatment as an essential preliminary may be required, otherwise it is no use providing costly aesthetic treatment if in the long run the dentition will be ultimately mutilated or completely lost. Twenty-eight corrective appliances of the removable type were fitted. Thirty-one cases were satisfactorily completed, (several being carried over from 1951), while at the end of the year fifteen were still under treatment. Forty-five partial dentures were fitted to children who had lost front teeth chiefly from accidents. The orthodontic appliances and the dentures were constructed in a private laboratory to given specifications."

Visual Defects.

Table E shows the number of children who attended the eye clinics and the number of attendances. Treatment was provided at the Authority's eye clinics under two different schemes as follows :—

(i) *Supplementary Ophthalmic Services.*

Under these arrangements, Medical Officers on the Ophthalmic List attended three clinics and were paid on a sessional basis by the Authority, which recovered from the Supplementary Ophthalmic Services Committee of the Local Executive Council a fee for each refraction carried out. (Only children attending schools maintained by the Authority may be seen under this arrangement). Prescriptions for glasses are written on a form provided by the Supplementary Ophthalmic Services Committee and sent to the Secretary of that Committee so that arrangements may be made for the glasses to be provided.

(ii) *Hospital Eye Service.*

It is intended that a general service of sight-testing shall be made available as part of the Hospital and Specialist Services provided by Regional Hospital Boards. At the end of the year, seventeeen of the Authority's eye clinics were being conducted by Ophthalmic Consultants who have contracts with the Sheffield Regional Hospital Board. (Pre-School as well as school children may attend these clinics). The spectacles which are prescribed are provided under arrangements made by the Hospital and Specialist Services.

School children, like other members of the community, may consult their private Doctors with a view to treatment and glasses being provided under the National Health Service Act, if they so desire. Certain figures have kindly been provided by the Derbyshire Executive Council and the Hospital Eye Service relating to work performed by Ophthalmic Medical Practitioners and Ophthalmic Opticians outside the Authority's scheme, and these figures have been taken into account.

Number of Pupils for whom glasses were prescribed by :—

(*a*)	Ophthalmic Medical Practitioners, under arrangements between the Authority and the Regional Hospital Board, at County Council Clinics	1,167
(*b*)	Ophthalmic Medical Practitioners or Medical Officers of the Authority, under the Supplementary Ophthalmic Services arrangements, at County Council Clinics	414
(*c*)	Ophthalmic Medical Practitioners under Part III of the Supplementary Ophthalmic Services Regulations (approx.)	378
(*d*)	Ophthalmic Medical Practitioners under the Hospital Eye Service .. .. (approx.)	485
(*e*)	Ophthalmic Opticians under Part III of the Supplementary Ophthalmic Services Regulations (approx.)	1,551

The actual provision of glasses is not the responsibility of the Authority. However, Health Visitors are informed when treatment is

TABLE E.

Annual Return of work at Eye Clinics—Year ended 31st December, 1952.

Eye Clinic.	When Held.	Actual Number of Clinic Sessions.	Children Attending Maintained Schools.													
			Number of Individual Children Treated.							Total Number of Attendances.						
			Divisional Executive.							Divisional Executive.						
			North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Total.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Total.
Alfreton. Grange Street (*b*) ..	Each Wednesday, p.m.	42	–	61	254	–	–	–	315	–	98	413	–	–	–	511
Belper. Field Lane (*b*) ..	3rd Tuesday, a.m.	11	–	–	69	–	–	–	69	–	–	110	–	–	–	110
Bolsover. Welbeck Road (*f*) ..	1st and 3rd Monday, p.m. ..	14	–	53	–	–	–	–	53	–	88	–	–	–	–	88
Buxton. Bridge Street (*e*) ..	1st, 3rd and 4th Monday, a.m. ..	38	433	–	–	–	–	–	433	474	–	–	–	–	–	474
Chesterfield. Brimington Rd. (*f*)	2nd and 4th Monday, p.m. ..	14	5	68	–	–	–	–	73	5	115	–	–	–	–	120
Chesterfield Excepted District. Town Hall	Monday & Thursday, a.m.	89	–	–	–	–	–	800	800	–	–	–	–	–	1607	1,607
Clowne. Sen. Girls' School(*f*)	2nd and 4th Wednesday, p.m...	14	–	97	–	–	–	–	97	–	117	–	–	–	–	117
Derby. Walker Lane (*a*) ..	Each Monday, a.m.	40	–	–	35	5	381	–	421	–	–	41	8	458	–	507

The Grange (*f*) ..	Friday, p.m. ..	14	–	73	–	–	–	–	73	–	97	–	–	–	–	97
Frecheville. Fox Lane (*f*) ..	1st and 3rd Tuesday, p.m. ..	12	–	67	–	–	–	–	67	–	90	–	–	–	–	90
Glossop. Municipal Bldgs. (*c*)	Friday, p.m. ..	34	119	–	–	–	–	–	119	121	–	–	–	–	–	121
Heanor. Wilmot Street (*b*)	1st Tuesday, a.m.	8	–	–	–	68	–	–	68	–	–	–	91	–	–	91
Ilkeston. Albert Street (*a*)	1st and 3rd Friday, a.m. ..	21	–	–	–	220	–	–	220	–	–	–	312	–	–	312
Killamarsh. County B. Sch. (*f*)	1st and 3rd Friday, p.m. ..	10	–	53	–	–	–	–	53	–	63	–	–	–	–	63
Long Eaton. Grange School (*a*)	2nd and 4th Tuesday, a.m. ..	19	–	–	–	152	–	–	152	–	–	–	201	–	–	201
Matlock. Dean Hill House, Causeway Lane (*b*)	2nd and 4th Friday, a.m. ..	14	13	–	75	–	9	–	97	30	–	130	–	11	–	171
New Mills. High Lea Hall (*e*)	2nd Monday, a.m.	8	59	–	–	–	–	–	59	85	–	–	–	–	–	85
Shirebrook. Cliff House (*f*)	2nd and 4th Tuesday, p.m. ..	14	–	77	–	–	–	–	77	–	110	–	–	–	–	110
Staveley. Lime Avenue (*f*)	1st and 3rd Wednesday, p.m.	15	–	65	–	–	–	–	65	–	100	–	–	–	–	100
Swadlincote. Alexandra Road (*a*)	2nd and 4th Thursday, p.m. ..	18	–	–	–	–	194	–	194	–	–	–	–	246	–	246
Totals ..	.. .. ..	449	629	614	433	445	584	800	3,505	715	878	694	612	715	1607	5,221

Medical Officer Conducting Clinic :— (*a*) Dr. J. E. Coates ; (*b*) Dr. D. B. H. Dawson ; (*c*) Dr. P. E. Malloch ;
(*d*) Dr. H. C. Muirhead ; (*e*) Dr. N. Warwick ; (*f*) Dr. D. J. K. Wilkie.

prescribed for a patient who attends a County eye clinic. In this way the case can be followed up, and if there is any neglect in securing the treatment advised a report can be made with a view to the matter being rectified.

Squint.

In "The Health of the School Child" for the years 1950-51, the Chief Medical Officer of the Ministry of Education indicates that there was, nationally, a large increase in the number of children found at periodic school medical inspection to require treatment for squint—from 18,234 in 1949 to 24,264 in 1951, which may be compared with a figure of 13,663 in 1938. Expressed as the incidence per thousand routine inspections, the figures are : 1938, 8.1 ; 1949, 9.9 ; 1951, 12.8.

Reference to the figures for this County (which appear below) shows that whilst there was not any marked increase between 1949 and 1951, a similar increase (about three cases per thousand inspections) did occur in 1952.

The figures for Derbyshire are : 1938, 9.9 ; 1949, 10.47 ; 1950, 11.10 ; 1951, 10.53 ; 1952, 13.35. The numbers referred for observation (per 1,000 inspections) were, for England and Wales, 6.0 in 1949 and 6.8 in 1951. On the other hand, the numbers referred for observation in this County have declined steadily since 1949, as the following figures for the successive years indicate : 7.67 ; 7.45 ; 5.28 ; and 4.52.

The reason for this general increase in the numbers requiring treatment for squint is not apparent. In view of the desirability of treatment for this condition being sought as early as possible the above facts were brought to the notice of the Assistant School and Assistant Maternity and Child Welfare Medical Officers, as well as the Ophthalmic Surgeons attending the Eye Clinics, in order that the position might be carefully watched, and to see whether any explanation may be forthcoming to account for the increase.

Ear, Nose and Throat Clinic.

During the year an ear, nose and throat clinic was held at the Municipal Buildings, Glossop, treatment sessions being held when required, and Mr. A. I. Goodman, a Specialist on the staff of the Regional Hospital Board, attended once a month. Altogether, nine consultant's sessions were held and sixty-six treatment sessions; five children attended for treatment and 156 were seen by the Consultant; attendances totalled 269. As regards specialist treatment in general, the Ministry of Education Circular 179 stated that it will be through the facilities of the National Health Service that education authorities will normally discharge their obligations to secure free medical treatment for school children. Generally, therefore, school children, like other members of the community, receive specialist treatment at a local hospital. At Glossop the Manchester Regional Hospital Board has found it convenient to arrange for an Ear, Nose and Throat Clinic to be conducted at the Municipal Buildings, the services of the Visiting Surgeon being paid for by the Board. The Surgeon, however, also attends at Woods Hospital, Glossop, and from 1st March, 1953, patients will be seen at that hospital, and the clinic will be discontinued.

Orthopaedic and Postural Defects.

The orthopaedic clinics conducted on County Council clinic premises continue to be visited by Orthopaedic Specialists employed by Regional Hospital Boards. Table F. indicates the attendances made by school children, and further particulars are given in Table IV, Group 4, of the statistics at the end of this Report.

It will be observed that the number of individual children who attended during 1952 was 1,038, and the attendances totalled 6,504. The comparable figures for the previous year are 1,074 and 6,623 respectively, whereas in 1948 the figures were 1,439 and 9,532. It seems that the decrease is attributable to the introduction of the National Health Service. It will be remembered that prior to 1948 the County Council administered Bretby Hall Orthopaedic Hospital and the patients discharged were usually followed-up at the Council's clinics. Since this Hospital has been transferred to the Regional Hospital Board there is a tendency for some of the patients discharged to be referred for follow-up at other convenient hospitals rather than to the clinics. It was also the practice when the Orthopaedic Surgeons were on the staff of the County Council for children to be referred by the Council's Assistant Medical Officers to the orthopaedic clinics for advice; but under the present arrangements patients may not be referred by the Assistant Medical Officers directly to specialists (except for eye examination), but the patient's own Doctor must be consulted, and doubtless some patients who would formerly have been seen at the Council's clinics are now referred elsewhere for Specialist advice. The Education Authority, however, continues to arrange for any necessary special schooling for children at the Hospital, and in fact it has been approved by the Ministry of Education as a Special School for this purpose.

TABLE F.

Annual Return of Orthopaedic Work—Year ended 31st December, 1952.

Orthopaedic Clinic.	When Held.	Actual Number of Clinic Sessions.	Children Attending Maintained Schools.													
			Number of Individual Children who attended during the year.							Total Number of Attendances during the year.						
			Divisional Executive.							Divisional Executive.						
			North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Total.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Total.
Alfreton. Grange Street ..	Thursday, a.m. and p.m.	98	–	20	37	–	–	–	57	–	130	323	–	–	–	453
Bolsover. Welbeck Road ..	Friday, p.m. ..	46	–	24	–	–	–	–	24	–	87	–	–	–	–	87
Buxton. Bridge Street ..	4th Thursday, alt. months	5	28	–	–	–	–	–	28	34	–	–	–	–	–	34
Chesterfield. Brimington Road ..	1st and 3rd Wednesday, a.m. and p.m. and 2nd and 4th Wednesday, a.m.	70	1	56	1	–	–	*7	65	8	255	10	–	–	*29	302
Chesterfield Excepted District. Town Hall	Tuesday and Friday	194	–	–	–	–	–	317	317	–	–	–	–	–	2298	2,298
Chinley. Lower Lane ..	2nd and 4th Monday, a.m. and p.m.	42	26	–	–	–	–	–	26	117	–	–	–	–	–	117

High Street ..	Monday, p.m. ..	47	–	21	–	–	–	–	21	–	109	–	–	–	–	109
Derby. County Offices Yard	Thursday, a.m. and p.m.	94	–	–	15	4	160	–	179	–	–	125	30	835	–	990
Dronfield. The Grange ..	2nd Wednesday, p.m.	11	–	†	–	–	–	–	†	–	19	–	–	–	–	19
Glossop. Municipal Buildings	2nd and 4th Tuesday, a.m. and p.m.	46	48	–	–	–	–	–	48	238	–	–	–	–	–	238
Heanor. Wilmot Street ..	Friday, p.m. ..	46	–	–	1	22	–	–	23	–	–	7	224	–	–	231
Ilkeston. Albert Street ..	Wednesday, a.m. and p.m.	94	–	–	–	46	–	–	46	–	–	–	397	–	–	397
Long Eaton. 4, Nottingham Rd.	Friday, a.m. ..	46	–	–	–	34	–	–	34	–	–	–	266	–	–	266
Matlock. Dean Hill House, Causeway Lane ..	Tuesday, a.m. and p.m.	100	20	–	30	–	6	–	56	104	–	169	–	39	–	312
Shirebrook. Cliff House ..	Friday, a.m. ..	46	–	25	–	–	–	–	25	–	172	–	–	–	–	172
Staveley. Lime Avenue ..	Monday, a.m. ..	47	–	40	–	–	–	–	40	–	190	–	–	–	–	190
Swadlincote. Alexandra Road ..	1st and 3rd Tuesday, a.m. and p.m.	52	–	–	–	–	49	–	49	–	–	–	–	289	–	289
Totals ..	.. .. ..	1,084	123	186	84	106	215	324	1,038	501	962	634	917	1163	2327	6,504

* These were Tuberculosis cases.
† Sessions attended by Orthopaedic Physiotherapist only—figures included in those for Chesterfield, Brimington Road, Clinic.

Sunray Clinics.

Sunray treatment is available at clinics in Derby and Chesterfield. The following figures show the work done during 1952 in respect of school children :—

TABLE G.

	Divisional Executive				Totals.
	Mid.	S.E.	S.	Chesterfield.	
Sessions	(Total—102—Not apportionable.)			51	153
First Attendances ..	4	6	24	252	286
Subsequent Attendances ..	99	109	402	2,745	3,355

DIPHTHERIA IMMUNISATION.

The National Health Service Act, 1946, placed on Local Health Authorities the duty of making arrangements with medical practitioners for the immunisation of persons against diphtheria.

While children should be immunised at or about the age of one year, if this has not been carried out it should be performed subsequently. It is also desirable even if immunisation has been done in infancy that a reinforcing dose be given at the age of four or five years, when school life begins, and again at the age of about ten years. So far as children attending maintained schools are concerned, all medical practitioners practising within the area of the Authority have been given an opportunity of participating in the arrangements. The Authority's Medical Officers also carry out immunisation at clinics and schools. The assistance of Teachers and Health Visitors in connection with this scheme has been much appreciated. This matter is dealt with more comprehensively in my Report as County Medical Officer of Health, but I am pleased to be able to record here that for the fourth successive year there has not been a single death from diphtheria in the County, and for the first time no case of diphtheria was notified during the year.

ACCIDENTS IN THE HOME.

The "Monthly Bulletin of the Ministry of Health and the Public Health Laboratory Service" for January, 1952, contained an article by Dr. C. A. Boucher of the Ministry of Health on "The Medical Officer of Health and accidents in the home." In view of the importance of the subject the gist of this article was reported to the County Health Committee, the Education Committee and the County Welfare Committee. Full references to the action taken appear in my Annual Report for 1952 as County Medical Officer, but it is appropriate here to indicate briefly some of the factors involved.

In England and Wales about 6,000 persons die every year as a result of accidents in their homes. More children under fifteen years are killed in their own homes than die from accidental causes elsewhere, including road accidents. More children under fifteen years die from accidents in the home than die from any single infectious disease. As regards non-fatal accidents, it has been estimated that every year more than half-a-million children under ten years old sustain in the home accidents which are serious enough to require hospital treatment.

Many of these accidents could be prevented, and as part of a wider effort in this field the Education Committee readily agreed that older school children, especially girls, should receive some instruction on this matter from Teachers and, on request, from Health Visitors. Accordingly, they have been provided with information on the subject and suggestions regarding precautions which are advisable to minimise the risk of accidents occurring.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN.

A Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health and the Population Investigation Committee, have been following the health, growth and development of about 6,000 children born between March 3rd and 9th, 1946, drawn from all social classes and from all parts of Great Britain. As regards the children born in this County, the Authority's Health Visitors co-operated in the original survey in 1946, when the babies were aged six weeks, in 1948, when they had attained two years of age, and in 1950 when they were four years old. The main aims of the Inquiry are to collect information on a national scale on accidents, illnesses, growth and development; to show in what ways the health and growth of young children are affected by environment; to trace the history of a large group of prematurely born children who have been individually "matched" with children born at term; and to observe the achievement of children against the background of their ability, health and opportunities.

The Joint Committee hope to continue this Inquiry throughout the primary school period, and the co-operation of the Education Authority was sought, and readily given, early in 1952 when the children were, of course, of school age. On that occasion, sixty-nine children were the subject of reports by the Authority's Medical Officers and Health Visitors.

In the light of the March Survey, the Joint Committee feels that it will be sufficient if the children are clinically examined for the purpose of this Inquiry at seven, nine and eleven years of age. In addition, the assistance of Teachers has been obtained in keeping standardised records of absences from school, since September, 1952, of the children included in the Survey. Starting in January, 1953, Health Visitors will call at the schools at the beginning of each term to obtain particulars of the absence records, and subsequently visit the mothers to obtain further information on the nature of any illnesses, accidents, and so on, which may have caused the absences. It is hoped in this way to obtain full and reliable accounts of the health of the children.

HANDICAPPED PUPILS.

The return of Handicapped Pupils which is set out in the following pages shows, for the calendar year, the number of handicapped pupils ascertained as requiring education at special schools or boarding in homes, the number newly placed in special schools or homes, and, at the end of the year, the number of pupils attending day and boarding special schools or boarded in homes, and the number awaiting vacancies including those for whom the Authority had been unable to secure places. (Children sent to, or awaiting places at, hospital special schools, are excluded from the return).

HANDICAPPED PUPILS.

RETURN FOR WHOLE ADMINISTRATIVE COUNTY.

Categories.	(1) Blind. (2) Partially Sighted.		(3) Deaf. (4) Partially Deaf.		(5) Delicate (6) Physically Handicapped.		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic.	Total. (1)—(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
n the calendar year :—										
. Handicapped Pupils newly placed in Special Schools or Homes	2	6	6	2	100	7	25	21	4	173
. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	2	4	7	5	78	14	65	15	4	194
n or about December 1st :—										
. Number of Handicapped Pupils from the area :—										
(i) Attending Special Schools as—										
(*a*) Day Pupils	–	3	4	1	94	1	1	36	–	140
(*b*) Boarding Pupils ..	8	11	37	15	28	8	53	13	15	188
(ii) Boarded in Homes ..	–	–	–	–	–	–	1	1	–	2
(iii) Attending independent Schools under arrangements made by the Authority ..	–	–	–	–	–	–	10	7	–	17
Total (C)	8	14	41	16	122	9	65	57	15	347
. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—										
(*a*) In hospitals	–	–	–	–	9	–	–	–	–	9
(*b*) Elsewhere	–	–	–	–	4	19	–	–	–	23
. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition) ..	1	3	7	3	14	12	178	8	3	229

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education handicapped pupils in the financial year ended 31st March, 1952: £1,115 8s. 10d.

RETURNS FOR DIVISIONAL EXECUTIVE AREAS.

Division.	Categories.	(1) Blind. (2) Partially Sighted.		(3) Deaf. (4) Partially Deaf.		(5) Delicate (6) Physically Handicapped.		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic.	Total. (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
North-west	A	–	–	1	1	6	–	5	3	–	16
	B	–	–	–	1	5	–	4	2	–	12
	C (i) (*a*) ..	–	–	1	–	–	–	–	–	–	1
	C (i) (*b*) ..	1	1	3	3	8	1	10	1	3	31
	C (ii)	–	–	–	–	–	–	–	–	–	–
	C (iii)	–	–	–	–	–	–	1	2	–	3
	Total (C) ..	1	1	4	3	8	1	11	3	3	35
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	2	–	–	–	2
	E	–	–	1	–	1	1	30	3	1	37
North-east	A	1	3	2	1	42	2	6	3	1	61
	B	1	1	2	2	25	2	27	3	1	64
	C (i) (*a*) ..	–	2	1	1	2	1	–	3	–	10
	C (i) (*b*) ..	3	2	14	3	11	2	13	4	4	56
	C (ii)	–	–	–	–	–	–	–	–	–	–
	C (iii)	–	–	–	–	–	–	4	–	–	4
	Total (C) ..	3	4	15	4	13	3	17	7	4	70
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	5	–	–	–	5
	E	–	–	3	1	8	3	75	4	1	95
Mid-Derbyhsire.	A	–	1	1	–	–	1	5	5	2	15
	B	–	–	1	–	–	2	10	2	1	16
	C (i) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	C (i) (*b*) ..	1	2	8	4	–	2	6	4	3	30
	C (ii)	–	–	–	–	–	–	–	1	–	1
	C (iii)	–	–	–	–	–	–	3	3	–	6
	Total (C) ..	1	2	8	4	–	2	9	8	3	37
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	6	–	–	–	6
	E	–	–	1	–	–	1	26	–	–	28

RETURNS FOR DIVISIONAL EXECUTIVE AREAS—*continued.*

Division.	Categories.	(1) Blind. (2) Partially Sighted.		(3) Deaf. (4) Partially Deaf.		(5) Delicate (6) Physically Handicapped.		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic.	Total. (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
uth-east.	A	–	–	1	–	5	–	3	2	–	11
	B	–	–	1	–	3	–	17	1	–	22
	C (i) (*a*) ..	–	–	2	–	–	–	–	–	–	2
	C (i) (*b*) ..	–	2	3	–	3	2	12	2	1	25
	C (ii)	–	–	–	–	–	–	–	–	–	–
	C (iii)	–	–	–	–	–	–	–	2	–	2
	Total (C) ..	–	2	5	–	3	2	12	4	1	29
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	3	–	–	–	3
	E	–	–	–	–	–	2	25	–	–	27
uth.	A	1	–	1	–	8	1	6	–	1	18
	B	–	3	3	1	4	7	6	–	1	25
	C (i) (*a*) ..	–	1	–	–	–	–	1	–	–	2
	C (i) (*b*) ..	3	2	9	2	6	1	11	2	2	38
	C (ii)	–	–	–	–	–	–	1	–	–	1
	C (iii)	–	–	–	–	–	–	2	–	–	2
	Total (C) ..	3	3	9	2	6	1	15	2	2	43
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	3	–	–	–	3
	E	–	3	2	1	–	5	18	1	–	30
esterfield.	A	–	2	–	–	39	3	–	8	–	52
	B	1	–	–	1	41	3	1	7	1	55
	C (i) (*a*) ..	–	–	–	–	92	–	–	33	–	125
	C (i) (*b*) ..	–	2	–	3	–	–	1	–	2	8
	C (ii)	–	–	–	–	–	–	–	–	–	–
	C (iii) ..	–	–	–	–	–	–	–	–	–	–
	Total (C)	–	2	–	3	92	–	1	33	2	133
	D (*a*)	–	–	–	–	9	–	–	–	–	9
	D (*b*)	–	–	–	–	4	–	–	–	–	4
	E	1	–	–	1	5	–	4	–	1	12

It will be seen that 194 pupils were ascertained as requiring education at special schools or boarding in homes, as compared with 183 in the preceding year, the increase being mainly in the categories of the physically handicapped (from six to fourteen) and the educationally subnormal (from fifty-seven to sixty-five). On the other hand, the number of maladjusted pupils recommended for education in special schools was fifteen, as against twenty-five in 1951.

It is pleasing to note that 173 children were placed in special schools during the year, the figure for 1951 being 134. The increase is roughly accounted for by the placing of 100 delicate children compared with sixty in the previous year. The number of handicapped pupils at the end of the year requiring places in special schools was 229, compared with 260 at the beginning of the year. Of the 229, 178 were educationally subnormal.

The Director of Education has, however, informed me that the second phase of the building work at the John Duncan (E.S.N. Girls') School, Buxton, has been completed, enabling the full complement of forty girls to be in residence in 1953. It is also hoped to open Overseal Manor School (E.S.N. Boys) for forty boys in September, 1953. In the meantime, as an interim arrangement, the nucleus of the school was established in a special class for eleven boys under an Assistant Master at the Amber Valley (Camp) School, in September, 1952. This class will be moved en bloc to Overseal when that School is opened.

Progress has also been made with regard to Stretton House Hostel for Maladjusted Pupils, Clay Cross, which it is anticipated may be opened early in 1954.

The Authority has also put in hand the adaptation of Talbot House, Glossop, as a special school for children suffering from cerebral palsy, and it is hoped to be able to admit children in 1954. The Derbyshire County Council agreed, at the request of Mr. Bosworth Smith, of the Ministry of Education, at a Regional Conference in the North Midlands in 1947, to explore the possibility of establishing a special school for cases of cerebral palsy. It was suggested that as a whole range of Specialists would be required it should be somewhere near to a University where there is a medical faculty, and ultimately Talbot House was secured, which is thirteen miles from Manchester. I was authorised to make certain preliminary contacts with Specialists in Manchester, and I should like to acknowledge with gratitude the assistance so kindly given by Sir Harry Platt, the Emeritus Professor of Orthopaedic Surgery at Manchester University, who is also Consultant Adviser in Orthopaedics to the Ministry of Health. This was particularly appropriate because Sir Harry had paid a special visit to the U.S.A. in 1946 to see at first-hand the work of Dr. Winthrop Phelps of Baltimore, who is a pioneer in the study of the rehabilitation of children suffering from this affliction. Furthermore, Sir Harry has recently been appointed Chairman of the World Health Organisation's Joint Expert Committee on the physically handicapped child (excluding the deaf and blind).

Liaison has also been established between the various Authorities in the North Midlands Region and with those in the West Midlands, since the provision for certain categories of handicapped pupils can more economically be made on a regional basis. In this connexion, the Staffordshire Education Authority has arranged to provide a residential special school for partially deaf children at Needwood, and it may be found possible to admit there some children from Derbyshire.

The Ministry of Education requested a return showing the independent schools being assisted by the Authority, on 1st December, 1952, under Section 9 (1) of the Education Act, 1944, in respect of handicapped pupils. The following is a numerical summary of the information which was provided :—

(1) Number of schools being assisted 7
(2) Number of pupils whose fees were being paid in whole or part by the Local Education Authority 17
(3) Categories of handicap of the pupils :—
Educationally subnormal 10
Maladjusted 7

Cases reported to Local Health Authority.

During the year the following numbers of pupils were reported by the Education Authority to the Local Health Authority, as being ineducable (section 57 (3), Education Act, 1944), or as requiring supervision after leaving school, by reason of a disability of mind (section 57 (5), Education Act, 1944).

Divisional Executive.	Under section 57 (3) of the Education Act, 1944.		Under section 57 (5) of the Education Act, 1944.	
	Boys.	Girls.	Boys.	Girls.
North-west	1	–	1	–
North-east	6	3	3	–
Mid-Derbyshire	3	2	–	1
South-east	6	1	–	1
South	7	3	–	2
Chesterfield	2	1	–	1
Totals ..	25	10	4	5

Full-time Courses of Further Education for the Handicapped.

On December 31st, 1952, the following students were in training:—

Blind Cases.

Royal Institution for the Blind, Nottingham 1
Yorkshire School for the Blind, York 1

Epilepsy.

In *The Health of the School Child* for the years 1946-47, the Chief Medical Officer of the Ministry of Education remarked that it was difficult to state even approximately the number of epileptic children in this country, and it was hoped that an increased interest would be taken in this subject, the immediate task being more thorough ascertainment.

Dr. Burke, an Assistant Medical Officer responsible for an area in the north-east of the County with a school population of roughly 9,500 children, has previously submitted special reports on this matter, and these appeared in my Annual Reports for 1950 and 1951. He has maintained a particular interest in this subject during 1952 and his further observations appear in the following pages.

Dr. Reid, an Assistant Medical Officer in the north-west of the County, has also carried out a special survey, and his report is also quoted below.

In *The Health of the School Child* for 1950-51, reference is made to a special investigation carried out by a Medical Officer of the Ministry with the co-operation of several School Medical Officers, in which a school population of 355,000 was surveyed: 430 children were recorded as suffering from epilepsy, a rate of 1.2 per thousand, and it was thought that 0.21 per thousand might be admitted to residential special schools. It will be seen that Dr. Burke found an incidence of about 1.5 per thousand cases, and Dr. Reid 1.4 per thousand. (In his earlier inquiries, Dr. Burke found an incidence of about 2.4 per thousand). The number of children attending (or awaiting places in) special schools for epileptics from the whole administrative county in December, 1952, was eighteen—roughly 0.18 per thousand of the school population. It will be noticed that only a minority of the children suffering from epilepsy are recommended for admission to special residential schools. It is generally agreed that most epileptic children can properly attend ordinary schools without special provision being made.

Dr. Burke's report is as follows :—

"This report deals with new cases observed between January 1st and December 31st, 1952.

Case 1.—Girl age 10 7/12ths had a history of fits from the age of 18 months. She had one fit in October, 1945 one fit in December, 1946. Several fits occurred during illness within the last two years. Consciousness was lost. Fits were tonic and clonic. She had had no treatment. Her intelligence quotient was 90. One of her father's sisters is epileptic. Diagnosis of epilepsy was definite.

Case 2.—Boy age 10 "fainted continuously for two days" after a first primary injection of diphtheria prophylactic A.P.T. There was a history of fits having occurred at intervals since infancy. Fits occurred during day or night. One fit occurred during the month before he was examined. He had had tonsils and adenoids operation in 1950. Consciousness was lost. He was liable to fall over if standing upright. Cyanosis of his lips was noted. He felt "funny" (giddy) before the fits began. There was no clonus. Family history was negative. Diagnosis was made of epilepsy.

Case 3.—Girl age 10 6/12ths had acute anterior poliomyelitis in October, 1949. There was still slight residual weakness of the muscles of her left lower limb. She had what were described as fainting bouts several times since her recovery from poliomyelitis. Consciousness was lost and there was loss of sense of position and of her surroundings for some minutes afterwards. Family history was negative. The diagnosis was considered doubtful.

Case 4.—Girl age 9 3/12ths had a history of convulsive seizures from the age of 8 months. The last fit had occurred in June, 1948. The fits occurred during day or night. Consciousness was lost. There was tonus and sometimes clonus. She was having regular treatment by barbiturates. Her mother stated that she herself had had fits until she was five years old. Diagnosis of epilepsy was made.

Case 5.—Boy age 9 had had fits recently. The fits occurred during the daytime. He had one at school. Tonic spasms were described. The fits have been controlled by barbiturates. Diagnosis of epilepsy was made.

Case 6.—Boy age 9 6/12ths had epileptic fits for the first time in May, 1952, when one night a series of fits began which lasted into the following day, on which he was admitted to Hospital. Three other major fits followed. Treatment by barbiturates was begun. His intelligence quotient was found to be 64. E.E.G. was positive. Diagnosis was epilepsy.

Case 7.—Boy age 10 had been treated at Hospital for epilepsy when he had two or three fits a day. The fits were tonic not clonic, and they occurred in the daytime only. He was having minor seizures only, when examined, two or three times a week..

Case 8.—Girl age 5 was found at medical inspection to have fits diagnosed as epileptic by the family doctor.

Case 9.—Boy age 7 was reported by his mother to have had fits during 1952. Consciousness was lost for short periods. Details were not given. The fits were considered to be epileptic probably.

Case 10.—Girl age 14 began in August, 1951 to have what were described as "dizzy bouts" with "black outs" lasting for five or six minutes. She was drowsy afterwards for about ten minutes. These have been occurring once or twice a week. She was sent home from school once after a seizure. During the last fit reported she fell down unconscious. There was no aura and rigidity only probably. The fits were not described very clearly. It is considered very probable that the fits are epileptic. She has had no regular treatment though this was strongly advised.

The ten children whose histories are given were found during 4,412 examinations at schools and school clinics. In case 3 the diagnosis was considered doubtful; in cases 9 and 10 the diagnosis of epilepsy was considered probable; in the remaining seven cases a definite diagnosis of idiopathic epilepsy was made.

The school population is of course subject to change because children leave school at fifteen years of age, and are replaced by entrants in the youngest age groups. There are also movements to and from the district. It is therefore impossible to estimate accurately the incidence of epilepsy in such a shifting population, but the figures indicate the incidence of epilepsy among the 4,412 children examined during 1952 to be about 1.5 per thousand. None of the children reported in 1950 and 1951 have been included in the cases in this report. All these seven cases have been recorded for the first time. One boy (case 6) has been recommended for admission to a special boarding school. He has not been excluded from

attendance at an ordinary day school while awaiting admission to a boarding school. The other children were considered to be fit to attend ordinary day schools. I was able to perform intelligence tests on two children only in the series (cases 1 and 6), whose intelligence quotients were found to be 90 and 64 respectively.

The condition of the children reported in 1950 and 1951 has not changed. In none of those diagnosed as epileptic has there been any reason to revise the diagnosis, although control by treatment has been effected. The doubtful cases are considered doubtful still.

Remissions do occur, sometimes for long periods of time, in epilepsy so that prolonged observation is often necessary to establish the diagnosis of idiopathic epilepsy especially in younger children in whom fits from other causes may simulate closely epilepsy, although the prognosis is much more favourable."

Dr. Reid's report follows :—

"With the aid of the local general medical practitioners, I have attempted to find out the exact number of cases of epilepsy among 3,548 children under fifteen years of age in a part of my area. Five cases of epilepsy have been discovered—an incidence of 1.4 per thousand. Brief case histories are as follows :—

(1) *Girl, aged* 13 *years.* History of petit mal sinee 11 months. Few attaeks over first three years, followed by a period of quiescence to recur on commeneing sehool. At the age of nine she was having two or more attacks onee a week during whieh she sereamed and struggled, leaving her drowsy. Under speeialist treatment since 1950. No partieular upset with onset of menstruation. August, 1952 entered seeondary sehool and has been having attaeks of grand mal approx. onee monthly in sehool. I have not been able to see an attaek but the Headmaster gives this deseription, "the girl utters a piereing seream, rushes or tries to rush forward with eontorted faee, raised arms and elenehed hands and subsequently falls to the floor or across a desk, sometimes heavily. She reeovers partially in two to four minutes and eompletely in fifteen to thirty minutes. There is no frothing or tongue biting, but the face and neek redden."

(2) *Boy, aged* 6 *years.* History of eonvulsions at three days old. No reeord of fits until 1950 when he fell off a bieyele, uneonseious for four hours, with vomiting. Sinee then infrequent fits while asleep with twitehing of faee and thumbs, no salivation. No treatment has been given. Last attaek Deeember, 1951. Probably a ease of petit mal.

(3) *Girl, aged* 13 *years.* History of petit mal sinee the age of three years. Severity of fits deereased till the ehild was nine years old. In 1951 having 18-20 minor fits per day. Under treatment at hospital, receiving three tablets of pheno-barbitone per day.

(4) *Girl, aged* 11 *years.* Repeated attaeks of petit mal from the age of four years to the age of nine years. The attaeks consisted of a drawing of the mouth to one side of about a minute's duration, at intervals of two weeks. No aura, no frothing, and no loss of eonseiousness exeept on two oeeasions at the age of six years and at her last attaek, February, 1951, when loss of eonseiousness was momentary with ehronie eontraetions of the arms. Reeeiving treatment since six years of age.

(5) *Girl, aged* 13 *years.* Instrumental delivery followed by numerous eonvulsions. These eontinued at infrequent intervals with exeessive salivation and twitching of eyes. No fits sinee 1950. Had treatment since the eommeneement of the fits."

Maladjusted Pupils

The establishment permits the employment of two Child Psychiatrists, four Educational Psychologists giving part-time service in connexion with child guidance, and four Psychiatric Social Workers. Dr. Iliff, the Child Psychiatrist, resigned on 29th February to take up another appointment, and a successor had not been appointed by the end of the year. Discussions on this matter were, however, taking place between the County Council and the Sheffield Regional Hospital Board. As an interim measure, Dr. Esher, the Regional Psychiatrist, kindly agreed that Dr. Pentreath, the Medical Superintendent of The Pastures Hospital, Mickleover, or a Medical Officer on his staff, might assist by dealing with a limited number of child guidance cases and undertaking the examination of cases referred from juvenile courts or remand homes. These patients may be seen on County Council clinic premises or at clinics administered by the Board. I should like to express my appreciation of the friendly co-operation which has been enjoyed under this arrangement.

At the end of the year all the four Educational Psychologists' posts were filled, but the Psychiatric Social Workers' posts were unoccupied.

Table IV, Group 5, in the Appendix to this Report, shows the number of pupils treated under child guidance arrangements, and the following information may be of interest :—

(1) The following report has been provided by Dr. E. U. H. Pentreath :—

"Following the resignation of the County Child Psychiatrist, psychiatric help was sought from the Sheffield Regional Hospital Board on a temporary basis to enable the Child Guidance Service to be carried on, and this was accorded in March. Since then the amount of work done has extended rapidly, rising from six interviews concerning four children in that month, to 138 interviews with sixty-one children in December. In addition there were sixty-seven interviews in that month with parents, Probation Officers, and other adults having charge of children.

It is noteworthy that the Juvenile Courts were, towards the end of the year, tending to make much use of the Psychiatrist's help, since treatment is being used to a much greater extent than before. There is, however, a considerable pressure on the Psychiatrist involved who must perforce give acute and serious cases priority, with the result that there is a waiting list for less urgent cases. In connection with Juvenile Court work it should be placed on record that the Psychiatrist concerned is very grateful for the admirable and unstinting co-operation given him by all officers of the Probation Service with whom he has had to deal.

In July an experiment was made in group therapy for enuretics with results which are interesting. It was noted from school medical reports that a considerable number of children were enuretic. Since most cases of enuresis are due to emotional disturbance in the child,

brought about by faulty handling, it was decided to collect a group of mothers who would be given instruction in correct handling procedures, with the hope that the children in question could become adjusted without necessarily having direct treatment from the Psychiatrist. Nine mothers were included in this group and agreed to attend. although they had not spontaneously asked for their children to be treated. To make the number up to ten, another mother, who **had** asked that her child be treated, was invited to join the group. All ten mothers turned up for the first meeting, but it is noteworthy that the only mother who continued to attend was the one who had asked for treatment. Her little girl is now making good progress and has greatly improved. It would thus appear that there is little to be gained in offering to treat a child whose parents do not feel anxious enough about it to seek advice and help spontaneously.

It should be noted that the statistics contained in this report do not fully represent the amount of child guidance work done in the County, since many children not included in the figures herein given, were previously referred from various sources to the Hospital Clinics and were still under treatment during the year.

It should be noted also that the Psychiatrist sees the parents as well as the child in order to establish the correct relationships between parent and child, which are essential for adjustment. It is also frequently necessary to see siblings, since the total family situation must be dealt with.

It is considered that at least two Children's Psychiatrists would be required to cover the County adequately. On a population basis three Child Psychiatrists are generally considered ideal.

In the previous years some cases were referred back to the Hospital Psychiatrists from the Children's Psychiatrist, and other cases sent direct to the Hospitals from family doctors, but in practice it is found very unsatisfactory interviewing and treating children in adult clinics. Also, in practice it is far more workable, and the results much better, if the children are seen by Psychiatrists specialising in children, and dealing only with children in clinics under one administrative staff, including secretarial and medical auxiliary help, On an average, children take up far more time individually than adults.

For these reasons and because the other Psychiatrists on the Pastures Hospital staff were already too much involved in adult clinic sessions, Dr. J. Ford Thomson was delegated from the hospital staff to cover the Child Clinics, some, of necessity, because of the time factor having to be held in the Hospitals Outpatients Departments, separated as far as possible from the Adult Clinics. This proved an arduous task for Dr. Ford Thomson, who had adult hospital work to cover in addition, and his task was not lightened by the fact that there were no Psychiatric Social Workers available to obtain background information before the cases were seen, and for follow-up purposes."

(2) **Mrs. Flint, Educational Psychologist, reports as follows :—**

"During 1952, Child Guidance Clinics have been held regularly at Derby, Belper, Swadlincote, Long Eaton, Buxton and Glossop, with an occasional visit to Ilkeston and Matlock.

Under supervision a small group of the Matlock Training College students have helped children in need of special coaching and this work has been helpful to both Students and children.

In November, Mr. Dennis Young joined the staff as Assistant Educational Psychologist, and has been taking children for remedial teaching at Belper, Derby, Long Eaton and Matlock.

During August a Course on Maladjusted and Psychotic children was attended at the Camphill Schools and a good opportunity was given to see the work done for such children under the direction of Dr. Konig. Visits have also been paid to other Special Schools for maladjusted children—Ledston Hall, near Wakefield, the Peredur Home School, East Grinstead, and Westhope Manor and Shotton Hall Schools, near Shrewsbury.

In the absence of any Psychiatric Social Worker, many homes have been visited and parents interviewed and advised, and there has also been regular and supportive (supervisory) treatment of children.

Any regular conference on cases, or Child Guidance team work, has been in abeyance during the year, but with the appointment of a full-time Child Psychiatrist to Derbyshire these will be resumed as being essential and necessary features of this work."

(3) Statistical Information (excluding work done at Brambling House, Chesterfield) :—

CHILD GUIDANCE WORK.	Divisional Executive.					Totals.
	North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	
(1) Cases Closed during 1952 :—						
(i) Adjusted	1	–	3	5	6	15
(ii) Improving	7	1	6	6	11	31
(iii) Partially adjusted	1	1	3	–	2	7
(iv) Unadjusted..	3	3	–	1	2	9
(v) Unknown	–	1	1	1	5	8
(vi) Diagnostic and advice only	19	2	10	8	9	48
Totals	31	8	23	21	35	118
(2) Cases having Regular Interviews for Psychiatric Treatment, Play-Therapy, or Remedial Teaching :—						
(*a*) Psychiatrist—						
(i) Making satisfactory progress	–	12	1	4	5	22
(ii) Some improvement ..	1	2	1	1	1	6
(iii) No improvement	–	2	–	–	–	2
Totals	1	16	2	5	6	30
(*b*) Educational Psychologists :—						
(i) Making satisfactory progress	1	–	4	1	6	12
(ii) Some improvement ..	2	–	2	4	8	16
(iii) No improvement	–	–	1	–	–	1
Totals	3	–	7	5	14	29
(3) Cases having only Occasional Interviews, or under Supervision :—						
(i) Making satisfactory progress	2	11	11	3	4	31
(ii) Some improvement ..	2	3	3	2	6	16
(iii) No improvement	2	–	2	–	3	7
(iv) Diagnostic and Other ..	–	4	6	4	6	20
Totals	6	18	22	9	19	74
(4) Cases Recently Opened ..	–	–	–	3	3	6
(5) SUMMARY :—						
(i) Number of "current cases"	10	34	31	22	42	139
(ii) Number of "closed cases"	31	8	23	21	35	118
Total Number of Cases dealt with during 1952 ..	41	42	54	43	77	257
(6) Number of Cases on Waiting List for first interview as at 31st December, 1952 ..	1	11	–	1	5	18

CHILD GUIDANCE WORK.	Divisional Executive.					Totals.
	North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	
(7) Psychiatrist's Interviews with Parents	3	226	80	30	66	405
Psychiatrist's Visits :— ..						
(i) to Schools	–	–	2	–	–	2
(ii) to Homes	–	2	4	2	1	9
(iii) to Hospitals						1
Total number of siblings of Patients seen						10
Total number of Interviews with siblings						73
Number of Reports to Magistrates						32
(8) Educational Psychologists' Visits :—						
(i) to Schools	26	1	42	20	34	123
(ii) to Homes	2	1	19	3	9	34
Number of Child Guidance Cases tested	20	3	18	8	21	70

The following Table indicates the sources from which patients were referred to the Child Guidance Service during the year :—

School Medical Officer	31
Clinic staff	16
Private Doctors	23
Hospitals	10
Parents	2
Teachers	14
Courts and/or Probation Officers	41
Others	23

Speech Therapy.

"*And Moses said unto the Lord, O My Lord, I am not eloquent . . . but I am slow of speech and of a slow tongue.*"—Exodus, 4, 10.

I need not emphasise that if the gift of speech is lacking, incalculable disadvantages accrue.

Experience has shown that roughly five to ten out of every thousand pupils in this country stammer, and between ten and twenty per thousand have speech defects requiring treatment, with a preponderance among boys. Treatment for certain defects of speech can be provided by suitably trained Speech Therapists working under medical supervision. (This treatment for abnormal speech should not be confused with speech training or elocution, which is designed to foster the art of effective speaking where there is no speech disorder).

In this country, Manchester was the first local education authority to provide treatment facilities for school children who stammered. In 1906 M. Leon Berquand started classes there for stammerers, and gradually more and more education authorities provided treatment facilities for those who had a speech defect.

Under the Handicapped Pupils and School Health Service Regulations, 1945, pupils suffering from a speech defect were defined as "pupils who on account of stammering, aphasia, or defect of voice or articulation not due to deafness, require special educational treatment." The Regulations prescribe for "a pupil suffering from speech defect other than an aphasic pupil, special training and treatment by a duly qualified speech therapist," and that "every pupil who is aphasic . . . shall be educated in a special school" (unless the Minister determines otherwise).

It will be appreciated that the faculty of intelligible and coherent speech involves a highly complex process, and much has been written concerning the causes and treatment of the defects of speech which arise from time to time. The following outline may, however, serve to indicate some of the speech disorders, as well as certain approaches to treatment.

The chief nervous disturbance affecting speech, which often appears before a child reaches school age, is stammering (or stuttering). Although it is not inherited, there may in some instances be a predisposition to stammer. It is often met with in the sensitive, highly-strung, or shy child, and consequently the therapist's task involves gaining the child's trust and giving him courage and self-confidence. As well as inculcating correct breathing habits, many therapists think it important to teach the child to relax and so obtain ease and freedom from the physical tension which is present. A plentiful supply of books for reading aloud, and numerous small toys to assist in encouraging the child to talk without inhibition, are useful. In this connexion, glove puppets are of assistance (e.g., a "family" consisting of "father," "mother," "son" and "daughter," as well as a "policeman"). Quick results must not be expected—it may take two years or longer to complete treatment—and it must be anticipated that some cases will not respond to treatment. In certain cases it may be desirable to refer a child to a Child Guidance Clinic.

The second defect mentioned in the Regulations—aphasia—which is fortunately rare, may be divided into several types, though it is often met with in the form of congenital word deafness, in which the child does not understand the meaning of words. There may be in some instances an inability to distinguish between sounds apart from speech (e.g. musical sounds); some of the children are unable to speak; others have idioglossia (such defective speech that the child seems to have a language of its own); the acquisition of speech, if achieved at all, may be delayed until quite late in childhood. Written or printed matter may be incomprehensible. These patients present a very difficult problem and, as already mentioned, the Ministry has intimated that they should as a rule be admitted to special schools.

The defects of voice or articulation include defective pronunciation of consonants (such as lisping); nasal speech due to various causes, including cleft palate, and adenoids; hurried, jumbled speech known as "cluttering" (usually found in young children who think faster than they can express themselves); idioglossia (sometimes associated with aphasia, and frequently found among children who are very mentally defective), and defective articulation due to poor co-ordination of the speech organs in certain conditions associated with paralysis (e.g., cerebral palsy). It is necessary in these cases to endeavour to teach correct pronunciation of the abnormal sounds. The child imitates the movements of the therapist's lips, tongue and palate—a mirror is often helpful for this purpose; and various exercises are practised in breathing and blowing and to develop flexibility of the tongue, lips and jaw. If a cleft palate is the cause of the speech disorder, the first step is surgical treatment. It is advantageous if this is undertaken before speech has developed, when, if it is successful, speech will often develop normally. If the faculty of speech has been attained prior to operation, education or re-education in speech will subsequently be necessary. Blowing, breathing and humming exercises are performed, as well as others useful in treating defects of articulation generally, assisted by the use of simple apparatus, including a variety of "blowing" toys, such as blow-football, divers, windmills, carnival blowers, etc. Regular treatment by the therapist and daily practice at home is essential. The Authority has purchased a sound recording and reproducing machine (a "tape recorder"), for use in the speech therapy clinics. This type of apparatus is useful in connexion with the treatment of defects of articulation—patients are enabled to listen to their defects and are thus given an opportunity of comparing the sounds they make with those of normal speech. Recordings may also be made from time to time to assist in assessing the progress being made in treatment. Opportunity may arise to use the apparatus for research, or for purposes of demonstration. It will be realised that although good results may be obtained in the majority of cases, a "cure" cannot be expected in all cases, particularly if the patient is a low-grade mental defective.

It will be noticed that the Regulations exclude speech difficulties due to deafness. Severely deaf children often, of course, have defective or retarded speech and they should be admitted to special schools for the deaf and their speech difficulties treated only by those who have had a specialised training. Children who are very late in beginning to talk

may be deaf, or mentally defective, or in some cases there may be emotional disturbances, when the services of a Child Psychiatrist should be invoked.

It will be obvious from the foregoing that treatment must be carried out under medical supervision. Indeed, the Chief Medical Officer of the Ministry of Education has stated that it is essential, if satisfactory work is to be done, that speech therapists should work under the supervision of the School Medical Officer, through whom all children in need of treatment should be referred to the speech treatment clinic. There are occasions, too, when the speech therapist should co-operate closely with ear, nose and throat surgeons, with members of the child guidance team, with Assistant School Medical Officers and with Assistant Maternity and Child Welfare Medical Officers, and dentists. Co-operation with parents and teachers is also of great importance, because in its absence treatment in many cases will be unnecessarily long, and good results may not be obtained.

With this in mind, I accepted an invitation of the Derbyshire Association of Teachers to speak to them at Buxton on Speech Therapy, and also contributed a short article on Speech Therapy to their Journal known as "*The Derbyshire Bulletin.*" Many of the remarks that I made on those occasions are repeated here.

From the comments that have been made it will be clear that Speech Therapists have an important niche to fill in the School Health Service. It has been estimated that a school population of about ten thousand justifies the appointment of a whole-time Speech Therapist. Unfortunately there is a shortage of Speech Therapists not only in Derbyshire but throughout the country. The Ministry of Education has intimated that the only persons whose employment as speech therapists they approve are those who have been admitted to the Register of Medical Auxiliaries. Applicants for admission to this Register must be Fellows or Licentiates of the College of Speech Therapists. The College has adopted a syllabus of training, extending over three years ; students must usually be at least eighteen years old at the beginning of training and possess the School Certificate or its equivalent.

The numbers of Derbyshire pupils recorded at routine school medical inspections to require treatment for defects of speech have been at the rate of between 3.5 and 5.5 per thousand during the past few years, which is equal to something like 350 to 550 patients in the total school population. A further four to five per thousand have been referred for observation, so that there are probably another 500 or so requiring observation, many of whom would benefit from expert advice. The number of children who received treatment in 1952 is shown in Table IV, Group 6, at the end of this Report, from which it will be seen that 289 children attended the Authority's speech therapy sessions and a further seventeen are known to have been treated otherwise than under the Authority's arrangements, giving a total of 306 children. These figures, however, include patients who were referred for treatment prior to 1952. The present authorised number of Speech Therapists on the establishment is five, and it is hoped it will be possible to appoint this number in the near future.

Miss Jean Ward served in Chesterfield Excepted District throughout 1952; other speech therapy clinics were conducted at Belper, Derby and Matlock, by Miss Isobel Colquhoun from 4th February until 30th August, and by Miss Margaret Young from 3rd November. Miss Young has submitted the following observations :—

"This has been rather a disturbed year as regards the speech therapy clinics at Belper, Derby and Matlock. Miss Ward, who conducted these clinics, transferred to Chesterfield on 31st December, 1951, and they were without a Therapist until the 4th February, 1952, when Miss I. C. Colquhoun was appointed. Miss Colquhoun left on the 30th August, and I commenced work for the County on the 3rd November. There have, therefore, been three months out of the twelve during which no Speech Therapy was conducted at these three clinics. Nevertheless, much work has been done. Miss Colquhoun interviewed large numbers of the patients on the waiting list and was able to reduce its length considerably. Of the cases closed during the year many were patients seen from the waiting list and discharged without having received treatment. Some were unsuitable for treatment but the majority of these cases had to be discharged through non-co-operation of the parents. It is regretted that home visits cannot be paid to the parents in these cases, as so often their children are really in need of help, but time does not permit this. It will be seen that no home visits have been paid this year.

In a rural district, as this is, it is much more of an effort for the parents to bring their children, and it is found that those who do attend the clinics regularly show real co-operation and a desire for treatment not usually met with in a more urban area. Results of treatment are therefore, most satisfactory. It has to be remembered, however, that speech therapy is essentially based on a long term policy and results should be viewed accordingly.

The number of interviews with parents will be seen to be given only approximately. Many mothers are interviewed each week for five or ten minutes after the child has received his treatment, and this is found to be of considerable value in securing their continued co-operation.

It is now possible to refer children who still require treatment on leaving school to the Speech Therapy Clinic attached to the Derbyshire Royal Infirmary, which doubtless fills a long-felt need.

A tape-recording machine has been purchased for the Clinics, but, as yet, it has not been possible to put it to its fullest use. It is hoped that in time it will become a valuable instrument in aiding the study and research which, ideally, should be a part of every therapist's work."

SPEECH THERAPY.	Divisional Executive.					Totals
	North-west.	North-east.	Mid-Derby-shire	South-east	South	
(1) Number of Patients who received Treatment during the year :—						
New Cases—						
Stammerers	5	1	9	5	7	27
Articulation Defects ..	3	2	21	12	13	51
Other Speech Disorders ..	–	1	17	8	7	33
Old Cases—						
Stammerers	4	2	11	3	4	24
Articulation Defects ..	–	–	7	2	2	11
Other Speech Disorders ..	–	3	4	4	5	16
Total Number of Individual Patients	12	9	69	34	38	162
Total Attendances for Treatment	71	57	437	239	318	1,122
(2) Results of Treatment of Cases seen during 1952 :—						
Cases Closed :—						
Stammerers—						
Cured	–	–	3	2	1	6
Improved	3	–	2	4	4	13
Not improved	–	–	–	1	–	1
Discontinued for various reasons	1	2	3	2	2	10
Articulation Defects—						
Cured	–	–	5	1	–	6
Improved	1	3	17	3	12	36
Not improved	–	–	–	–	–	–
Discontinued for various reasons	–	–	9	4	3	16
Other Speech Disorders—						
Cured	–	–	1	–	1	2
Improved	–	–	–	2	5	7
Not improved	–	–	–	–	–	–
Discontinued for various reasons	–	1	9	3	1	14
Total Number of Cases Closed	5	6	49	22	29	111
Cases Still Under Treatment—						
Stammerers	6	–	10	4	5	25
Articulation Defects ..	2	–	10	7	9	28
Other Speech Disorders ..	–	2	10	7	7	26
Cases seen once for initial examination and advice only	1	3	16	10	23	53
Total Number of Cases already seen, Carried Forward to 1953	9	5	46	28	44	132

SPEECH THERAPY.	Divisional Executive.					Totals.
	North-west.	North-east.	Mid-Derby-shire	South-east.	South	
(3) Number of Patients Waiting to be seen for the first time, as at 31st December, 1952	2	4	8	10	15	39
(4) Visits :—						
To Schools						6
To Homes						–
(5) Number of Interviews with Parents						250
(6) Total Number of Sessions conducted at Clinics						304

OTHER WORK OF ASSISTANT SCHOOL MEDICAL OFFICERS.

In addition to the routine medical inspection of children in schools, and considerable work in connection with Handicapped Pupils, the Assistant School Medical Officers performed the following duties during the year :—

Examinations of Entrants to Teachers' Training Colleges and to the Teaching profession ..	158
Examinations of children for employment (Fit 269, unfit 1). ..	270
Visits to Homes	776
Number of sessions administering general anaesthesia to dental patients	173
Examinations of Blind Persons	80
Examinations for superannuation purposes ..	45
Examinations of Mental Defectives	14
Number of sessions at Infant Welfare Centres ..	184
Ambulance personnel immunised	104
Sessions inspecting Children's Homes	9

REPORTS RECEIVED FROM ASSISTANT SCHOOL MEDICAL OFFICERS.

The following are relevant extracts from reports which I have received from individual Assistant School Medical Officers :—

Dr. Reid (N.W. Division (Glossop, Charlesworth and Chisworth)) :—

(1) *General health and well-being :* This has been maintained up to the standard of previous years. It is pleasing to note this in spite of the fact that the recession in the cotton industry at the beginning of the year caused considerable unemployment in the Borough.

Hadfield Nursery School.—One medical inspection was carried out each term and the School Nurse has paid weekly visits to the School to give advice and guidance on the health and hygiene of the pupils. A total of forty-seven children have been medically examined on at least one occasion during the year. The general condition of the children at the Nursery School has been excellent ; eight of this total had dental caries ; thirty-seven were immunised against diphtheria. In marked contrast to the 'herd immunity' that this group of children would have against an epidemic of diphtheria is the low immunity state of the same children to combat an outbreak of smallpox—only two children are vaccinated.

(2) *Nutrition ; school meals :* During the year it was possible to see almost all the pupils of the Glossop schools in the three age groups fixed by the Ministry of Education, i.e. entrants, leavers from the primary schools and leavers from the secondary schools ; a total of 633 pupils in the above categories were medically examined and 235 special examinations and re-examinations were carried out.

The nutritional grouping of all the pupils seen was as follows :—

General condition,		A (Good) ..	38.2%
,,	,,	B (Fair) ..	59.5%
,,	,,	C (Poor) ..	2.2%

Between 50% and 70% of school children take a mid-day meal there, and 90% avail themselves of the milk-in-schools scheme. The consensus of opinion in the schools is that more children are taking school meals since the opening of the Central Kitchen in Glossop.

(3) *Cleanliness of pupils :* The school nurses did 5,725 individual cleanliness inspections in Glossop schools and 125 inspections in Charlesworth and Chisworth schools ; 296 pupils in Glossop and five in Charlesworth were found to be unclean. The Glossop figure

represents 5.1% of the pupils examined and is an increase over the last two years. No case of scabies occurred in the school children. The figure of twelve cases of impetigo is a further decrease in the incidence of this disease.

(4) *Diphtheria immunisation :* Immunisation clinics are held monthly at Glossop and Hadfield on Saturday mornings ; 246 completed immunisations were carried out at the School Clinic. This represents approximately 94% of all the children in the Borough who attained the age of six months during 1952 ; 232 reinforcing doses were given. This increase over the past few years is due to the increased Health Visiting staff at Glossop since June of this year. Each Health Visitor has had more time to explain and advise parents about immunisation.

In response to the Ministry of Health's warning that there has been a falling off in the numbers immunised, a small stencil was prepared to aid the Health Visitors in their health teaching as regards diphtheria and to remind the mothers that baby should be vaccinated at three months and immunised at six months.

(5) *Hygienic conditions of schools :* There has been very little change in the hygienic conditions in the schools from the previous years. There is overcrowding in a number of school classes, especially in the primary schools. The amount of infectious disease in the schools has been low : between January and March the notified number of cases of chickenpox, whooping cough and scarlet fever in school children were, 11, 9 and 2 respectively ; fifty-six cases of measles were reported in the first six months of the year.

(6) *The National Health Service and the School Health Service :* At the beginning of the year the Manchester Regional Hospital Board appointed a Paediatrician to serve the Ashton, Hyde and Glossop areas. This Physician sees all the children referred by the local general medical practitioners and the School Medical Officer. There is active co-operation and exchange of opinion between the Hospital Services and the School Health Service. The importance of this co-operation cannot be overstressed, as a reliable record of the medical histories of all children up to school leaving age can be compiled.

(7) *Dental caries :* During the year the school children had to rely on the services of the local dentists for the supervision of their teeth ; 27.9% of the children medically examined at school showed evidence of dental caries. It has not always been possible to follow up these cases but the bad ones have been seen again to ensure that they receive the treatment they need.

(8) *Attendance of parents at medical inspection :* This shows a marked difference in relation to the age groups examined. Most school entrants were accompanied by a parent, indeed, 283 parents

attended with their children out of the 299 examined—94.6%. This figure dropped to 41.7% for the intermediates, while only one parent attended for the leavers' medical examination—0.69%. It is disturbing that the attendance of parents should be so poor at this pre-employment medical examination as the physical condition of the child should be taken into account when considering future employment. The opinions of five persons guide the steps of the child in the right direction : the pupil, who will have inclinations towards certain work ; his parents will have definite views regarding his career ; the teacher knows his intellectual capabilities ; the school doctor can give a medical assessment ; and it is the Youth Employment Officer who helps the child into the employment most suitable to his abilities in the light of the total information.

Dr. Cochrane (N.W. Division (Buxton)) :—

(1) *General health and well-being :* It can be said of the children in the Borough that the general health and well-being maintains a very high standard, and although the number of cases of measles (187) exceeded that for some years past, infectious disease was very limited, there being eight cases of scarlet fever and twenty-nine of whooping cough.

(2) *Nutrition ; school meals :* The nutrition of the children is extremely good and a very high percentage can be placed in category A. It can almost be said that badly nourished children do not exist in the Borough. The percentage of children taking school meals remains practically the same, and it seems difficult to encourage those who do not at present have the mid-day meal at school to change their ways.

(3) *Cleanliness :* In every school the pupils are, on the whole, clean, and, as I have reported each year, pediculosis seems to occur only amongst the old offenders. Impetigo is rare and scabies has not been seen for several years.

(4) *Diphtheria immunisation :* It can be asserted that the percentage of immunised children is very high and there are only one or two children in each school who either have not been immunised or who have not yet received the booster dose. The co-operation and support of the staff and the zeal of the Health Visitors ensures that immunisation against diphtheria is still recognised as a very necessary procedure.

Questions have been asked about immunisation against whooping cough but there is no scheme of immunisation in being at present.

(5) *Hygienic conditions of schools :* The building of new schools in the Borough may, in a very short time, allow it to be said

that the hygienic conditions have improved. The older buildings cannot give that standard which modern conditions demand.

(6) *Dental care :* The lack of a Dental Surgeon is causing a grave decline in dental hygiene. More and more children, and particularly the leavers, are found to suffer from dental caries. There seems to be less enthusiasm on the part of the parents to have the teeth examined and treated when there is no school dentist on the spot to give the necessary speedy attention.

(7) The Orthopaedic Clinic continues to do very good work and children from the surrounding districts are able to attend Buxton Clinic. The eye clinic, too, renders excellent service. It is regretted that the facilities for speech therapy have not improved and there is now no Psychiatrist in this part of Derbyshire. Those cases which require child guidance must go to Manchester or Stockport and it is not always easy and convenient to secure the services of those qualified to give the necessary treatment.

Dr. Burke (Part of N.E. Division) :—

(1) *General health and well being :* The general condition and nutrition of the children has been well maintained. In the prescribed age groups 2,728 children were examined. The children classified in the A group of entrants were fewer relatively than in the other groups. They are more subject to catarrh of the upper respiratory tract than older children, and carious teeth disqualified many of them also from the top A class. There were outbreaks of chicken pox and mumps in some of the schools, but no serious outbreaks of measles or of other of the more grave infectious fevers.

(2) *Nutrition ; school meals ; and milk :* There has been a decline in the number of children taking school meals in some of the schools, but not a serious diminution. The increase in price of the meals has been the cause of the diminution in some cases, some parents adopting the attitude they should have the meals free for their children or not have them at all. Unfortunately many of the children who do not have school meals are those of improvident parents and who need the school meals most. School milk is taken freely by the children, and enjoyed. The school canteens function adequately. The meals provided are on the whole palatable and well-planned and well-cooked.

(3) *Cleanliness :* Three girls were found to have severe head pediculosis at one school during the inspection of the third age group. Measures were taken to have them treated immediately.

Ringworm, etc.: Tinea capitis, one case ; Tinea circinata, one case ; Tinea pedis, one case.

(4) *Diphtheria immunisation :* Immunisation of fifty-two children by two doses of A.P.T. was completed, and twenty-eight children received reinforcing doses of T.A.F. at Bolsover, Staveley, and Chesterfield clinics during 1952. Immunisation of 148 children was completed by two doses of A.P.T., and 519 received reinforcing doses of T.A.F., at sessions held in schools during and after medical inspection. During the quarter ending 31st December I took notes of refusals by parents of immunisation. 291 children for whom consent of parents was obtained were treated by primary or reinforcing injections. Refusal of immunisation was signified by the parents of thirty-three children during the quarter, either verbally or on the immunisation record cards or consent forms. I was not able to check the number of cards and consent forms which, having been delivered to parents, were not returned to the schools. These failures on the part of parents to indicate their consent or otherwise usually amounted to refusals, though some parents elected to have immunisation of their children performed by the family doctor and did not return the cards or forms sent to them for signature. The reasons given for refusal were usually vague statements such as, "I don't believe in it," or, "I don't think it necessary," without any further explanation. Parents who refused were usually unimpressed by the statistics showing the remarkable decline in the incidence of the disease. A few gave this decline as the reason for their refusal. I think there has been a diminution in enthusiasm for immunisation on the part of the parents because diphtheria is not now a prevalent disease. On many occasions I have told parents that if many refused to have their children immunised there would probably be epidemics on the scale which was common enough before immunisation began. Against this trend I have reason to believe that the practice of immunising babies against whooping cough and diphtheria together is growing, and that there will be an increasing demand for it.

(5) *Hygienic conditions of schools :* The wash basin equipment of two of the infants schools in my area is not adequate for the increased numbers of children. The mid-day hand washing has become a tiresome business because of long queues waiting their turns before and after dinner and at afternoon assembly. One school in my area has not been connected to water carriage drainage system.

(6) The co-operation between the National Health Service and the School Health Service is satisfactory. The reports sent by Almoners of the Hospitals are valuable, and from time to time consultants and general practitioners have sent helpful letters. On the whole I think that general practitioners are making more use than formerly of the help which can be given by the school medical officers.

Dr. Wear (Part of N.E. and part of Mid-Derbyshire) :—

(1) *General health and well-being :* There has been no deterioration in the general health of the school children and the

standard of health is definitely higher than in pre-war years. The reasons for this higher standard are (*a*) the majority of parents have larger incomes than in 1939, and (*b*) a large proportion of school children are taking milk and school meals. Outbreaks of measles and whooping cough occurred in 1952 in Blackwell Schools ; they were mostly confined to the parishes of Tibshelf and Blackwell.

(2) *Nutrition ; school meals ; milk-in-schools scheme :* The general standard shows no change from the previous year, the nutrition of the majority of the children being satisfactory. The percentage of children taking milk is about 100% high, but the number having meals is somewhat lower.

(3) *Cleanliness :* The number of cases of scabies among school children in this area was thirty-four, compared with thirty-six in 1951 and thirty-three in 1950. Seventy-seven children with verminous heads were treated at the Disinfestation Centre from the following parishes : Shirebrook 18, Pleasley 14, South Normanton 9, Pinxton 2, and Blackwell 34. The number of cases of verminous heads in 1951 was eighty-seven, and in 1950 it was thirty-nine.

(4) *Diphtheria immunisation :* The number of children immunised at five years was much more satisfactory than those done at eleven years. No case of diphtheria has occurred in Blackwell schools since 1949.

(5) *Hygienic conditions of schools :* The majority of the school buildings in the area are satisfactory. In many of the old schools the washing facilities are not adequate. Only a few schools have hot water.

The school canteens in this area are most satisfactory, and the standard of cleanliness is good.

(6) *The inter-relationship of the National Health Service and the School Health Service :* The A.S.M.O. does not see so many children at the Minor Ailment clinic as he did prior to the National Health Act.

In part of the Blackwell Rural District there is no school dentist and as a result the teeth of the children in this area are deteriorating.

The waiting period for glasses is now much leas than it was when first the Act came into force.

(7) *Maladjusted children :* From observations in the schools I am convinced that the number of maladjusted nervous children has increased during the last few years due, in my opinion, to the restlessness and increased tempo of modern life.

Dr. Barker (S.E. Division (Ilkeston)) :—

(1) *General health and well-being of the school children :* This was satisfactory. Although the total number of cases of infectious disease was more than in the previous year, there was no serious outbreak. Chicken-pox claimed the highest total, namely 267. Measles accounted for 105 cases. There were thirty-eight cases of whooping cough and two of pneumonia. Once again there were no cases of either diphtheria or paralytic poliomyelitis. It is now five years since there was a case of diphtheria.

(2) *Nutrition ; school meals ; milk :* The state of nutrition of the school children was not quite so good as in the previous year, although taken as a whole the nutrition was not unsatisfactory. The number of individual children who had a routine inspection was 1,609 and of these the nutrition was as follows : Good, 91% ; Fair 8.50% ; Poor 0.12%. The school meals and the milk-in-schools scheme were carried on satisfactorily throughout the year.

(3) *Cleanliness :* The cleanliness of the pupils as regards infestation by lice showed a continued improvement. The number of individual children who were examined was 5,291 and the number found to be infested was 247. This gives a percentage of 4.6. The figures for the years since the termination of the last war are worth noting. The incidence of infested children per cent. is as follows : 1952, 4.6% ; 1951, 6.5% ; 1950, 7% ; 1949, 8% ; 1948, 10% ; 1947, 15% ; 1946, 18%. This satisfactory feature seems to have been brought about by three main factors : first, by the assiduous work of the school nurses ; secondly, by the greater efficacy of the new anti-parasitic lotions ; thirdly, the large number of post-war new houses, which the Ilkeston Corporation has built, has relieved the former overcrowding and has encouraged a higher standard of personal hygiene in the well-appointed new houses.

As in the previous year, no instance of either scabies or ringworm was found. There were only forty-seven cases of impetigo.

(4) *Diphtheria immunisation :* As regards the scheme for immunisation against diphtheria, sessions were held at the clinic at intervals of about one month, at which the attendances were very satisfactory. During the year 294 children under school age and sixteen pupils between five and fifteen years of age, making a total of 310, completed a course of immunisation. The number of re-inforcing doses given to children under fifteen years of age was 228.

(5) *Hygienic conditions of schools :* There was a great demand for admission to the schools in 1952, owing to the fact that the birth rate in 1947 was higher than it had been for a quarter of a century. It was therefore inevitable that some classes should be unduly large. The pressure was relieved, however, by the completion of three new schools. The Cotmanhay County Schools were opened officially on the 27th November, 1952. They consist of a Junior School and

an Infants School, and contain 380 juniors and 260 infants. They had both been opened in a partial degree in September, 1951, for 160 juniors and 200 infants. The other new school, the Field House County Infants' School, was officially opened on the 10th November, 1952. This school also had been opened in part for 200 infants in September, 1951. Both schools are designed on the latest principles and are quite show pieces. The older schools are much the same as before. The complete installation of electric light in the Bennerley Schools is very necessary. The introduction of more physical training apparatus has been a great boon at several schools.

(6) *The National Health Service and the School Health Service :* The relation between the School Health Service in this area and the National Health Service remains the same, except that more reports regarding school children are now reaching the school medical officer from hospitals and consultants. There is still some delay in getting children operated on for the removal of tonsils and adenoids. The eye clinic is working excellently. There is difficulty in treating children with speech defects. The routine medical inspections of school children according to their age groups has been carried on without a break for the past thirty years or more. The daily minor ailment clinic and the bi-weekly doctor's clinic have also been continued.

(7) *Certain diseases :* Epilepsy has been discovered in nine children of school age. Two of these are excluded from school and are not fit to leave the care of their parents. The remaining seven children are at school and are improving under treatment which is usually supervised by one of the general hospitals.

The number of children with infantile rheumatism and associated heart trouble has diminished of late years. Crippling conditions from all causes are also more rare than formerly.

(8) *Educationally Sub-normal Pupils :* During 1952 the number of children examined by the writer was fifteen. Of these, four were reported as being mentally defective and ineducable ; ten children were recommended to be educated at a Special School for educationally backward children, and one was recommended to be allowed to attend an ordinary school.

Dr. Crawshaw (Mainly South Derbyshire, and a small part of S.E. Derbyshire) :—

(1) *General health and well-being of the children :* During 1952 the general health of the children in all age groups was good. Chronic diseases of the ears and chest, which in the past so frequently followed the various infectious diseases, are now infrequent. I think, however, that much sub-normal health is due to lack of sleep.

(2) *Nutrition ; school meals ; milk-in-schools scheme :* There are few cases of malnutrition, even among children from bad homes. The milk in school and the school dinners ensure that every child has at least some nourishing food each day. The school meals are often useful for only children who often eat much better with other children. The older children will usually eat anything, but some of the younger ones refuse the food and waste ensues. Meals cooked at the schools are invariably good.

(3) *Cleanliness :* This is generally good. I have seen no scabies or impetigo and few cases of pediculosis.

(4) *Diphtheria immunisation :* This is still fairly satisfactory, and the co-operation of the General Medical Practitioners is excellent. The memory of the horrors of diphtheria is fading, but the more sensible parents realise that the disease will return if immunisation is not kept up.

(5) *Hygienic conditions of schools :* In the modern schools conditions are of course very good. Many of the older schools are badly designed and contain far more children than was originally intended. Cleanliness and sanitary arrangements are generally good, but washing facilities are often poor. Ventilation and lighting are generally good. Deficiencies of the hygienic conditions of the schools are generally due to their age and overcrowded state.

Dr. Allan (Part of South Derbyshire) :—

(1) *General health and well-being :* The health of the youngsters remains good, and generally speaking they are well looked after, but of course there are the few families where the child care is not what it should be, and this is usually due to backwardness of the parents.

(2) *Nutrition ; meals ; milk :* It is seldom now that a child is classified in Group 'C', and if so it is usually due to illness or poor general fitness dating from an early age. The central school canteen in Newhall provides good and attractive meals, and these, together with the school milk scheme, do a great deal to maintain the general health and a good standard of nutrition.

(3) *Cleanliness :* During the year one family caused trouble with scabies, but were dealt with at the Hospital. With the additional school nurses there are more frequent "head" inspections, which will keep the incidence of pediculosis low. Under this heading I might mention a case of ringworm of the scalp due to *Microsporum Audouini*, and reported from the Burton Infirmary through the General Practitioner. The classes at risk were carefully examined by Wood's lamp, but no further infection was revealed and no other cases occurred.

(4) *Diphtheria immunisation :* Constant personal advocacy is required by all health officials, and this is most effective at school entrance. I find the Head Teachers are of the greatest assistance in increasing the percentage of consents.

(5) *Hygienic conditions of schools :* Again during the year subsidence has caused considerable damage in the Swadlincote area, but much has been done to maintain a reasonable standard despite the difficulty of labour and materials.

The following report has been received from Dr. J. A. Stirling, the Borough School Medical Officer, concerning the Excepted District of Chesterfield :—

"A very good standard of general health and well being of the school children in Chesterfield has been maintained during the year 1952. In the main the children are well clad, clean and happy and I think it is safe to say that the standard has never been higher.

Although the fact that regular employment is good in the district may be largely responsible for this happy state of affairs, I think there is no doubt that we are now seeing the results of the School Medical Services which have been built up during the years. Of course, problem families are still with us but these are now so few that they can be constantly watched and followed up and it is from these families that most of the individual pupils infested with vermin are found.

Of the total children examined in the three prescribed groups during the year only 462 or 14.9% were found to require treatment. Even so, this does not mean that this number of children were in poor health as is shown by the fact that only 0.61% of "Entrants," 1.33% of the Second Age-Group and 0.87% of the Third Age-Group were found to be in poor general condition. The co-operation of parents has been most pleasing and the attendance of parents at the routine medical inspections was very good indeed and generally speaking they showed great interest.

45.4% of the children received school meals and although milk is provided free and is available for all pupils, it is rather disappointing to have to report that about 21% did not take it.

The School Clinics continued to function as in previous years and the arrangements made with the Chesterfield Hospital Management Committee whereby the Ophthalmic and Orthopaedic Clinics were held in our buildings and staffed by hospital specialists have remained satisfactory.

The ward of nine beds provided for children suffering from Heart Disease which was established in 1949 at the Ashgate Annexe of the Royal Hospital continued to function during the year, having dealt with seven Borough children in addition to eighteen from the County area. The artificial sunlight clinics have now become firmly established as part of the School Health Service in Chesterfield. Weekly treatments are given at the Town Hall Clinic and the results obtained in the treatment of certain types of cases have been most outstanding. Sun-ray equipment is also installed at Brambling House Open-air School.

The Home Teacher has continued to work during the year in the homes of children unable to attend school on account of severe physical handicap and she is now occupied fulltime in visiting these children, with excellent results.

It is satisfactory to report that after a lapse of eight months speech therapy work was resumed in January on the appointment of a new Speech Therapist. The examination of children with speech defects by pure-tone adiometer has continued through the year and has confirmed cases of suspected deafness for which appropriate remedial treatment was made available.

Brambling House Open-Air School has continued to fulfil its purpose of restoring to full health the delicate children of the Borough and, by arrangements with the County Medical Officer, certain selected physically handicapped children from the surrounding districts. The splendid surroundings and well balanced meals provided, work wonders with the children both from an educational and medical point of view. Typical conditions for which children were admitted to the School were cases of bronchitis, asthma, rheumatic heart disease, anaemia and general debility. A striking feature of the Open-Air School has been the almost complete absence of epidemic illness even when these have been prevalent in other schools. It is interesting to speculate on what could be achieved in all schools if a similar policy of open-air conditions and 100% school meals were applied to these also.

The work of the Children's Centre was somewhat curtailed during the year as it was not possible to appoint another Psychiatrist after Dr. Iliff left in February, but even so a number of cases have continued to be seen by the Educational Psychologist and certain severely emotionally disturbed children have been referred to a Psychiatrist through the kind co-operation of the Hospital Management Committee. It is to be hoped that arrangements can be made for a Psychiatrist to be appointed in the near future so that this most essential part of the School Health Service may be continued.

Holly House Children's Hostel has continued to prove of great value for those cases which, either because their homes are unsuitable or because of the distance of their homes to the Centre, would not otherwise receive treatment. In addition, the value of constant supervision and kindly discipline operating at the Hostel cannot be over-estimated."

PHYSICAL EDUCATION.

In former years, at the request of the Ministry of Education, a report has been included on physical education by the Senior Organisers. The Director of Education feels, however, that this is rather inappropriate as they are on the staff of his Department. He is agreeable, therefore, to my stating in this Report that if any details are required by the Ministry about physical education, he should be approached.

APPENDIX.

TABLES OF THE MINISTRY OF EDUCATION.

Ministry of Education—Medical Inspection Returns—Year ended 31st December, 1952.
Local Education Authority—Derbyshire.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

	Divisional Executive.						Totals.
	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	
A. Periodic Medical Inspections*:							
Number of Inspections in the Prescribed Groups :–							
Entrants	805	3,313	964	884	1,518	1,149	8,633
Second Age Group ..	564	2,084	617	616	693	902	5,476
Third Age Group ..	429	1,797	827	546	808	1,036	5,443
Totals	1,798	7,194	2,408	2,046	3,019	3,087	19,552
Number of Other Periodic Inspections	51	—	—	—	—	317	368
Grand Totals.. ..	1,849	7,194	2,408	2,046	3,019	3,404	19,920
B. Other Inspections :—							
Number of Special Inspections	219	1,366	981	444	500	1,057	4,567
Number of Re-inspections	177	2,480	13	761	662	4,953	9,046
Totals	396	3,846	994	1,205	1,162	6,010	13,613

* (Regulation 49 (2) of the Handicapped Pupils and School Health Service Regulations, 1945).

TABLE I (*continued*).

C.—Pupils found to Require Treatment.

Number of Individual Pupils found at periodic medical inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

Notes.—(1) Pupils found at Periodic Medical Inspection to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.
(2) No individual pupil is recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Divisional Executive	Group.	For Defective Vision (excluding Squint).	For any of the Other Conditions recorded in Table IIa.	Total Individ'l Pupils.
North-west ..	Entrants	28	95	106
	Second Age Group ..	66	29	86
	Third Age Group ..	39	12	44
	Total (Prescribed Groups)	133	136	236
	Other Periodic Inspections	4	6	8
	Grand Total ..	137	142	244
North-east ..	Entrants	19	816	833
	Second Age Group ..	194	358	498
	Third Age Group ..	167	286	424
	Total (Prescribed Groups)	380	1,460	1,755
	Other Periodic Inspections	–	–	–
	Grand Total ..	380	1,460	1,755
Mid-Derbyshire	Entrants	3	121	124
	Second Age Group ..	19	29	48
	Third Age Group ..	25	55	79
	Total (Prescribed Groups)	47	205	251
	Other Periodic Inspections	–	–	–
	Grand Total ..	47	205	251

TABLE I (*continued*).

Divisional Exective.	Group.	For Defective Vision (excluding Squint).	For any of the Other Condit'ns recorded in Table IIa.	Total Individ'l Pupils.
South-east ..	Entrants	1	72	72
	Second Age Group ..	32	42	67
	Third Age Group ..	46	28	74
	Total (Prescribed Groups)	79	142	213
	Other Periodic Inspections	–	–	–
	Grand Total ..	79	142	213
South ..	Entrants	10	257	267
	Second Age Group ..	77	91	162
	Third Age Group ..	72	119	182
	Total (Prescribed Groups)	159	467	611
	Other Periodic Inspections	–	–	–
	Grand Total ..	159	467	611
Chesterfield ..	Entrants	–	230	230
	Second Age Group ..	10	111	121
	Third Age Group ..	34	80	111
	Total (Prescribed Groups)	44	421	462
	Other Periodic Inspections	4	168	168
	Grand Total ..	48	589	630
Totals—Whole Administrative County ..	Entrants	61	1,591	1,632
	Second Age Group ..	398	660	982
	Third Age Group	383	580	914
	Total (Prescribed Groups)	842	2,831	3,528
	Other Periodic Inspections	8	174	176
	Grand Total ..	850	3,005	3,704

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1952.

PART I—WHOLE ADMINISTRATIVE COUNTY.

Note.—All defects noted at Medical Inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of inspection.

Defect Code No.	Defect or Disease.	Periodic Inspections. No. of Defects.		Special Inspections. No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	313	139	182	57
5	Eyes—*a.* Vision ..	850	757	484	522
	b. Squint ..	266	90	119	52
	c. Other ..	41	45	104	11
6	Ears—*a.* Hearing ..	53	71	34	29
	b. Otitis Media	144	107	66	18
	c. Other ..	87	85	45	13
7	Nose or Throat ..	945	1,446	269	207
8	Speech	68	94	116	75
9	Cervical Glands ..	87	557	41	75
10	Heart and Circulation	102	316	28	146
11	Lungs	226	336	70	159
12	Developmental— *a.* Hernia ..	49	35	6	12
	b. Other ..	57	134	18	22
13	Orthopaedic— *a.* Posture ..	78	119	23	11
	b. Flat Foot	191	180	32	51
	c. Other ..	249	392	85	70
14	Nervous System— *a.* Epilepsy ..	17	21	26	14
	b. Other ..	28	35	15	37
15	Psychological— *a.* Development	45	77	39	106
	b. Stability ..	94	142	40	32
16	Other	337	272	312	336

TABLE II (*continued*).

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1952.

PART II—DIVISIONAL EXECUTIVES.

Defect Code No.	Defect or Disease.	Periodic Inspections — Number of Defects — Requiring Treatment — Divisional Executive.						Periodic Inspections — Number of Defects — Requiring to be kept under observation, but not requiring treatment — Divisional Executive.						Special Inspections — Number of Defects — Requiring Treatment — Divisional Executive.						Special Inspections — Number of Defects — Requiring to be kept under observation, but not requiring treatment — Divisional Executive.					
		North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.
4	Skin	4	222	12	6	27	42	9	69	17	5	15	24	9	34	5	12	3	119	3	49	3	1	1	–
5	Eyes–*a.* Vision ..	137	380	47	79	159	48	39	201	121	46	57	293	16	212	36	39	72	109	5	294	137	5	31	50
	b. Squint ..	23	96	21	49	46	31	5	34	20	5	5	21	2	62	11	9	15	20	–	22	28	–	2	–
	c. Other ..	2	17	1	3	4	14	4	26	3	–	1	11	5	6	2	22	3	66	3	2	1	3	–	2
6	Ears–*a.* Hearing ..	1	26	4	1	13	8	4	28	9	13	8	9	2	15	5	1	1	10	3	13	4	–	2	7
	b. Otitis Media	2	69	6	4	24	39	1	43	25	6	24	8	2	25	3	10	6	20	–	9	6	–	1	2
	c. Other ..	–	72	1	1	2	11	4	64	2	–	–	15	–	4	–	6	–	35	2	2	2	3	–	4
7	Nose or Throat ..	39	619	74	45	97	71	103	673	139	256	165	110	11	132	33	7	34	52	15	81	78	1	31	1
8	Speech	8	20	3	2	8	27	8	45	13	3	10	15	–	21	3	2	9	81	2	43	16	1	2	11
9	Cervical Glands ..	3	65	3	1	4	11	17	354	26	65	9	86	2	34	3	–	–	2	9	34	24	3	–	5
10	Heart & Circulation	–	10	1	2	16	73	21	114	37	9	50	85	–	2	1	2	6	17	9	109	23	1	3	1
11	Lungs .. .	6	86	11	6	39	78	15	137	56	41	48	39	3	11	6	3	6	41	4	87	56	2	7	3
12	Developmental—																								
	a. Hernia ..	4	21	–	5	11	8	5	12	6	3	3	6	–	4	–	–	1	1	–	6	6	–	–	–
	b. Other ..	–	29	1	3	9	15	4	99	7	3	6	15	–	11	1	–	4	2	–	11	3	–	5	3
13	Orthopaedic—																								
	a. Posture ..	5	24	15	–	9	25	5	46	6	1	32	29	–	10	8	–	2	3	–	6	3	–	1	1
	b. Flat Foot ..	22	40	9	3	73	44	16	27	32	2	20	83	2	6	8	2	5	9	7	6	30	–	4	4
	c. Other ..	11	94	22	9	63	50	14	179	32	47	69	51	–	48	14	3	6	14	3	24	40	1	–	2
14	Nervous System—																								
	a. Epilepsy ..	–	9	–	3	4	1	4	10	4	–	2	1	1	14	4	1	3	3	–	10	4	–	–	–
	b. Other ..	–	13	1	1	3	10	4	15	4	–	6	6	–	7	1	1	1	5	4	27	4	–	–	2
15	Psychological—																								
	c. Development	2	16	14	1	10	2	9	36	9	1	8	14	–	18	7	4	9	1	–	66	28	4	1	7

TABLE II (*continued*).

B.—Classification of the General Condition of Pupils inspected during the Year in the Age Groups.

Divisional Executive.	Age Groups.	Number of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
			No.	% of Col. (3)	No.	% of Col. (3)	No.	% of Col. (3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
orth-west ..	Entrants	805	595	73.92	198	24.59	12	1.49
	Second Age Group ..	564	398	70.56	160	28.38	6	1.06
	Third Age Group ..	429	326	76.00	99	23.08	4	0.92
	Other Periodic Inspections	51	51	100.00	–	–	–	–
	Totals	1,849	1,370	74.08	457	24.72	22	1.20
orth-east ..	Entrants	3,313	682	20.59	2,474	74.67	157	4.74
	Second Age Group ..	2,084	462	22.17	1,550	74.37	72	3.46
	Third Age Group ..	1,797	511	28.44	1,232	68.54	54	3.02
	Other Periodic Inspections	–	–	–	–	–	–	–
	Totals	7,194	1,655	23.01	5,256	73.06	283	3.93
ld- rbyshire ..	Entrants	964	62	6.43	889	92.22	13	1.35
	Second Age Group ..	617	55	8.92	550	89.14	12	1.94
	Third Age Group ..	827	101	12.21	719	86.94	7	0.85
	Other Periodic Inspections	–	–	–	–	–	–	–
	Totals	2,408	218	9.05	2,158	89.62	32	1.33
uth-east ..	Entrants	884	730	82.58	152	17.19	2	0.23
	Second Age Group ..	616	451	73.21	165	26.79	–	–
	Third Age Group ..	546	431	78.93	115	21.07	–	–
	Other Periodic Inspections	–	–	–	–	–	–	–
	Totals	2,046	1,612	78.79	432	21.11	2	0.10
uth ..	Entrants	1,518	735	48.42	770	50.72	13	0.86
	Second Age Group ..	693	317	45.74	371	53.54	5	0.72
	Third Age Group ..	808	404	50.00	399	49.38	5	0.62
	Other Periodic Inspections	–	–	–	–	–	–	–
	Totals	3,019	1,456	48.23	1,540	51.01	23	0.76
esterfield	Entrants	1,149	283	24.63	859	74.76	7	0.61
	Second Age Group ..	902	216	23.95	674	74.72	12	1.33
	Third Age Group ..	1,036	380	36.68	647	62.45	9	0.87
	Other Periodic Inspections	168	–	–	122	72.62	46	27.38
	Totals	3,255	879	27.01	2,302	70.72	74	2.27
tals— nole Ad- nistrative unty ..	Entrants	8,633	3,087	35.75	5,342	61.89	204	2.36
	Second Age Group ..	5,476	1,899	34.68	3,470	63.37	107	1.95
	Third Age Group ..	5,443	2,153	39.56	3,211	58.99	79	1.45
	Other Periodic Inspections	219	51	23.28	122	55.72	46	21.00
	Grand Totals ..	19,771	7,190	36.37	12,145	61.42	436	2.21

TABLE III.

Infestation with Vermin.

NOTES.—A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils appears in the body of this Report.
All cases of infestation, however slight, are recorded.
The return relates to individual pupils and not to instances of infestation.

	Divisional Executive.						Totals.
	North-west.	North-east.	Mid-Derbyshire	South-east.	South.	Chesterfield.	
(i) Total number of examinations in the schools by the school nurses or other authorised persons	27,306	57,043	39,081	46,511	36,866	29,883	236,690
(ii) Total number of individual pupils found to be infested	441	1,605	466	667	440	324	3,943
(iii) No. of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ..	—	3	—	—	—	44	47
(iv) No. of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	—	—	—	—	—	—	—

TABLE IV.

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

NOTES.—(*a*) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, *i.e.*, whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(*b*) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of Cases Treated or Under Treatment during the Year.													
	By the Authority.							Otherwise.						
	Divisional Executive.						Totals.	Divisional Executive.						Totals.
	North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	Chester-field.		North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	Chester-field.	
Ringworm—(i) Scalp ..	–	–	–	–	–	–	–	–	–	–	2	3	–	5
(ii) Body ..	1	3	–	–	–	3	7	–	4	–	1	3	–	8
Scabies	3	–	–	–	–	1	4	–	1	–	–	–	–	1
Impetigo	28	49	–	55	4	53	189	–	2	6	1	2	2	13
Other Skin Diseases ..	10	22	1	23	11	195	262	–	10	48	29	103	19	209
Totals	42	74	1	78	15	252	462	–	17	54	33	111	21	236

TABLE IV (*continued*).

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of Cases dealt with													
	By the Authority.							Otherwise.						
	Divisional Executive.							Divisional Executive.						
	North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	Ches-ter-field.	Totals.	North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	Ches-ter-field.	Totals.
External and Other, excluding errors of refraction and Squint ..	19	15	4	60	11	106	215	1	111	58	44	45	19	278
Errors of refraction (including Squint) ..	598	–	–	–	–	–	598*							4,447†
Totals	617	15	4	60	11	106	813							4,725†
Number of Pupils for whom Spectacles were :														
(*a*) Prescribed ..	414	–	–	–	–	–	414*							3,581†
(*b*) Obtained ..		–	–	–	–	–	*							

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of Cases Treated.													
Received Operative Treatment—														
(*a*) for diseases of the ear	–	–	–	–	–	–	–	–	–	–	–	–	–	–
(*b*) for adenoids and chronic tonsilitis ..	–	–	–	–	–	–	–	134	332	22	67	102	289	946
(*c*) for other nose and throat conditions ..	–	–	–	–	–	–	–	–	1	–	–	–	1	2
Received other forms of treatment	–	11	1	36	2	43	93	3	5	8	9	27	89	141
Totals	–	11	1	36	2	43	93	137	338	30	76	129	379	1,089

GROUP 4.—ORTHOPAEDIC, AND POSTURAL DEFECTS.

(*a*) Number treated as in-patients in hospitals	–	–	–	–	–	–	–	17	47	43	48	97	15	267
(*b*) Number treated otherwise, *e.g.*, in clinics or out-patients departm't	–	–	–	–	–	–	–	124	189	133	132	319	327	1,224

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

	Number of Cases Treated.													
	In the Authority's Child Guidance Clinics.							Elsewhere.						
	Divisional Executive.							Divisional Executive.						
	North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	Ches-ter-field.	Totals.	North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	Ches-ter-field.	Totals.
Number of Pupils treated at Child Guidance Clinics	43	64	60	44	79	77	367	–	–	–	–	–	–	–

GROUP 6.—SPEECH THERAPY.

	Number of Cases Treated.													
	By the Authority.							Otherwise.						
Number of Pupils treated by Speech Therapists	12	30	72	34	38	103	289	17	–	–	–	–	–	17

GROUP 7.—OTHER TREATMENT GIVEN.

(*a*) Miscellaneous minor ailments	752	188	23	353	33	1,211	2,560	–	32	9	13	4	12	70
(*b*) Other than (*a*) above (specify)—														
(i) Sunray treatment..	–	–	4	6	24	252	286	–	–	–	–	–	–	–
(ii) Nervous System ..	–	–	–	–	–	–	–	–	–	13	13	24	14	64
(iii) Heart & Circulation	–	–	–	–	–	–	–	–	1	9	5	11	43	69
(iv) Respiratory System	–	–	–	–	–	–	–	1	12	36	40	114	52	255
(v) Other Medical Conditions ..	–	–	–	–	–	–	–	5	19	73	52	199	43	391
(vi) Surgical Conditions	–	–	–	–	–	–	–	–	16	52	30	133	36	267
Totals	752	188	27	359	57	1,463	2,846	6	80	192	153	485	200	1,116

TABLE V.

Dental Inspections and Treatment carried out by the Authority.

	DIVISIONAL EXECUTIVE.						
	North-west.	North-east.	Mid-Derby-shire.	South east.	South	Ches-ter-field.	Tot
(1) No. of Pupils inspected by the Authority's Dental Officers :—							
(*a*) Periodic Age Groups ..	62	5,337	3,339	511	2,150	120	11,
(*b*) Specials	7	1,540	331	1,266	1,645	2,454	7,
Totals (1)	69	6,877	3,670	1,777	3,795	2,574	18,
(2) No. found to require treatment	55	5,286	2,648	1,621	3,136	2,459	15,
(3) No. referred for treatment ..	50	4,264	2,138	1,529	2,645	2,437	13,
(4) No. actually treated	51	3,288	1,414	1,388	2,860	2,358	11,
(5) Attendances made by Pupils for treatment	66	5,035	1,809	2,037	4,253	3,209	16,
(6) Half-days devoted to :—							
Inspections	1	37	22	2	18	1	
Treatment	Not	Appor	tionable			413	2,
Totals (6)	Not	Appor	tionable			414	2,
(7) Fillings :—							
Permanent Teeth	31	844	1,727	390	1,478	261	4,
Temporary Teeth	–	28	23	10	63	1	
Totals (7)	31	872	1,750	400	1,541	262	4,
(8) No. of teeth filled :—							
Permanent Teeth	29	769	1,394	323	1,154	254	3,
Temporary Teeth	–	27	21	9	40	1	
Totals (8)	29	796	1,415	332	1,194	255	4,
(9) Extractions:—							
Permanent Teeth	13	940	200	431	529	864	2,
Temporary Teeth	92	5,380	1,240	2,410	4,359	3,111	16,
Totals (9)	105	6,320	1,440	2,841	4,888	3,975	19,
(10) Administration of general anaesthetics for extraction ..	34	977	277	899	1,001	1,348	4,
(11) Other Operations :—							
Permanent Teeth	5	549	422	69	274	240	1,
Temporary Teeth	2	497	241	233	406	75	1,
Totals (11)	7	1,046	663	302	680	315	3,